WASHINGTON STATE RESPONDS

PROVIDING EDUCATIONAL INFORMATION ON HIV/AIDS & OTHER INFECTIOUS DISEASES AND REPRODUCTIVE HEALTH

MAY 2004

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The Washington State Department of Health HIV Prevention & Education Services, Client Services, and the Governor's Advisory Council on HIV/AIDS (GACHA) share a web address. Go to www.doh.wa.gov/hiv.htm for access to both programs. You can also access the HIV Prevention & Education Services website at the old web address: www.doh.wa.gov/cfh/hiv_aids/prev_edu/.

Washington State Responds Quarterly Newsletter Now Electronically Distributed

Now that WSR is distributed electronically on our web site, we can send you an e-mail notification when the new issue is available online. In order to receive this notice please send your e-mail address with the subject title: WSR E-List. All you need to include in your note is your complete e-mail address. Please send to: barbara.schuler@doh.wa.gov.

HIV/AIDS Trainings to meet State Licensing Requirements

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Anacortes (Skagit County)	(360) 299-1342 Jo Ann Hoover	4 hour 7 hour Video Courses	No charge	Offered by Island Hospital. For residents of Island, Skagit and San Juan Counties only.
Bellingham (Whatcom Co.)	(360) 733-3290	2.5 hour 4 hour 7 hour	$25 for 2.5 hr $40 for 4 hour $60 for 7 hour	Offered by the Whatcom County-Bellingham American Red Cross.
Bellingham (Whatcom Co.)	(360) 715-8350	2 hour 4 hour 7 hour	$20 for 2 hour $30 for 4 hour $50 for 7 hour	Offered quarterly through Bellingham Technical College.
Bellingham (Whatcom Co.)	(360) 715-8350	4 hour Infectious Disease Prevention for EMS	$30 for 4 hour	Offered quarterly through Bellingham Technical College.
Bremerton (Kitsap County)	(360) 377-7307	2.5 hour 4 hour 7 hour	$17.50 for 2.5 $25 for 4 hour $30 for 7 hour	Offered by Kitsap Home Care Services Training Center.
Bremerton (Kitsap County)	(360) 475-7359	2 hour	$10 for 2 hour	Offered by Olympic College in Bremerton.
Bremerton (Kitsap County)	(360) 377-3761	2.5 hour 4 hour 7 hour	$21 for 2.5 hr $38 for 4 hour $65 for 7 hour	Offered by the American Red Cross.
Bremerton (Kitsap and Pierce	(360) 405-0430	2 hour 4 hour	$15 for 2 hour $15 for 4 hour	Offered by instructor Francis Hall. Also available in Pierce
Clallam County (Forks/Pt. Angeles)	(360) 374-5288 lanajrm@centurytel.net	3 hour 4 hour 7 hour	$25 for 3 hour $35 for 4 hour $55 for 7 hour	Offered by Olympic Community Health Associates. Scholarships available.
Clallam County (Port Angeles)	(360) 417-2352 K. McDaniel	2 hour	$10 for 2 hour	Offered by Clallam County Health Department.
Clark County (Vancouver)	(360) 693-5821	2 hour 4 hour 7 hour	$10 for 2 hour $20 for 4 hour $50 for 7 hour	Offered by the American Red Cross.
Colville (Ferry, Stevens and Pend Oreille Counties)	1-800-827-3218 Angie	2 hour 4 hour	No cost for 2 or 4 hour classes	Offered by Northeast Tri-County Health District.

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Cowlitz County	(360) 414-5599	2 hour 4 hour 7 hour	$10 for 2 hour $30 for 4 hour $45 for 7 hour	Offered by Cowlitz County Health Department.
Coupeville (Island County)	(360) 678-5151	4 hour 7 hour	Call for info	Offered by Island County Health Department and Whidbey General Hospital.
Edmonds (Snohomish County)	(425) 640-1840	7 hour	$68 for 7 hour Also receive one credit.	Offered by Edmonds Community College.
Everett (Snohomish County)	(425) 259-9899 Anne Miles; Ext. 16 http://www.pwnetwork.org/	2 hour 4 hour 7 hour	$20 for 2 hour $30 for 4 hour $50 for 5 hour	Offered by Positive Women's Network.
Everett (Snohomish County)	(425) 252-4103 Laura; Ext.12	2.5 hour 4 hour 7 hour	$25 for 2.5 hour $30 for 4 hour $60 for 7 hour	Offered by the American Red Cross. Scholarships are available.
Grays Harbor	(360) 533-3431	4 hour	$30 for 4 hour	Offered by the American Red Cross.
Grays Harbor and Pacific County	(360) 267-3404 (360) 267-3405	2 hour 4 hour 7 hour 10 hour	$25 for 2 hour $35 for 4 hour $55 for 7 hour $85 for 10 hr	Offered by Critical Incident Stress Management (CISM). They also offer First Aid/CPR classes.
Ilwaco (Pacific County)	(360) 642-2869 Lynn Roy	4 hour 7 hour	Cost varies	Offered by Ocean Beach Hospital.
Kirkland (King County)	(425) 739-8104 (425) 739-8112	7 hour	$69 for 7 hour	Offered by Lake Washington Technical College.
Mason County	(360) 352-8575	4 hour	$30 for 4 hour	Offered by the American Red Cross.
Mt. Vernon (Skagit County)	(360) 428-2151	4 hour 7 hour Videos	$25 handling fee for video tapes	Offered by Skagit Valley Hospital.
Mt. Vernon (Skagit County)	(360) 424-5291	2.5 hour 4 hour 7 hour	$25 for 2.5 hr $35 for 4 hour $45 for 7 hour	Offered by American Red Cross.
Mt. Vernon (Skagit Count)	(360) 853-7742 www.healthsafepro.com	2.5 hour 4 hour 7 hour	$25 for 2.5 hr $40 for 4 hour $60 for 7 hour	Offered by Professional Health & Safety Consultants.
Okanogan	(509) 422-7153 Corina	2 hour 4 hour 7 hour	$10 for 2 hour $20 for 4 hour $35 for 7 hour	Offered by Okanogan Health District.

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Olympia	(360) 352-8575	4 hour	$30 for 4 hour	Offered by the American Red Cross.
Olympia	(360) 352-2375	4 hour 7 hour	$30 for 4 hour $60 for 7 hour	Offered by United Communities AIDS Network (UCAN).
Puyallup (Pierce County)	(253) 841-3311	2 hour 4 hour 7 hour	$15 for 2 hour $40 for 4 hour $50 for 7+ hour	Offered by H.E.L.P. (HIV/AIDS Educational Learning Place) the C.P.R. First Aid Company.
San Juan County	(360) 378-4474	2 hour 4 hour 7 hour	No charge for Island, Skagit and San Juan Counties	Offered by San Juan County Health & Community Services.
Seattle/King Co. & South Snohomish Co.	(206) 784-5655 www.healthinfonetwork.org	2 hour 4 hour 7 hour	$10 for 2 hour $25 for 4 hour $40 for 7 hour	Offered by Health Information Network. They will also travel to your facility.
Seattle	800-783-2437	2.5 hour 4 hour 7 hour	$30.41 for 2.5 hr $45.44 for 4 hr $53.21 for 7 hr	Offered by Health Impact.
Seattle	(206) 726-3534	2 hour 4 hour 7 hour	$21 for 2 hour $30 for 4 hour $65 for 7 hour	Offered by the American Red Cross.
Seattle	(206) 282-1288	7 hour	Call for info	Teen AIDS Prevention Education training for youth service providers, offered by YouthCare.
Spokane	(509) 326-3330 Ext. 210	2 hour 4 hour	$20 for 2 hour $30 for 4 hour	Offered by the American Red Cross.
Spokane	(509) 326-3330 Ext. 210	2 hour 4 hour	$20 for 2 hour $30 for 4 hour	Offered by the American Red Cross.
Spokane	(509) 324-1542	7 hour	$50 for 7 hour	Offered by the Spokane Regional Health District.
Spokane	(509) 928-1588 Ext. 16	7 hour	$45 for 7 hour	Offered by Visions Community Resources.
Spokane	(509) 236-2430 Becky Nauditt	2 hour 4 hour	$18.00 $30.00	Community Health Access Services
Tacoma (Pierce County)	(253) 841-3311 Barbara Miller	2 hour 4 hour	$30 for 2 hour $40 for 4 hour	Offered by C.P.R. Company.

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Tacoma (Pierce County)	(253) 474-0600	2 hour 4 hour 7 hour	$15 for 2 hour $43 for 4 hour $55 for 7 hour	Offered by the American Red Cross.
Tacoma (Pierce County)	(253) 566-5020 Linda Finkas	7 hour 7 hour Independent Study	$40 for 7 hour $45 for video course	Offered by Tacoma Community College.
Vancouver	(360) 992-2939 Press Option One	2 hour 4 hour 7 hour	$30 for 2 hour $50 for 4 hour $60 for 7 hour	Offered by Clark College Continuing Education Program. Take home program that offers discounts for 2 or more students.
Walla Walla	(509) 527-4330	7 hour	$45 for 7 hour	Offered quarterly by Walla Walla Community College.
Whitman County (Colfax)	(509) 397-6280	4 hour Video Course 7 hour Video Course	$25 handling fee for tapes	Offered by the Whitman County Health Department.
Whitman County (Pullman)	(509) 332-6752	4 hour Video Course 7 hour Video Course	$25 handling fee for tapes	Offered by the Whitman County Health Department.
White Salmon (Klickitat County)	(509) 493-1101	2 hour, 4 hour, 7 hour and other First Aid classes	$25 for 2 hour $30 for 4 hour $50 for 7 hour	Offered by Skyline Hospital.
Yakima	(509) 248-3628	7 hour	$50 for 7 hour	Offered by Planned Parenthood of Central Washington.
Yakima	(509) 457-1690	2 hour	$20 for 2 hour	Offered by the American Red Cross.
Yakima	(509) 853-2034 or 1-877-620-6202 **http://www.fas-training.biz/**	2 hour, 4 hour 7 hour and other First Aid classes	$25 for 2 hour $40 for 4 hour $55 for 7 hour	Offered by First Aids & Safety Training.
Statewide	(206) 784-5655 **http://www.healthinfonetwork.org/**	HIV/AIDS 7-hour Video Course	$250	Offered by Health Information Network. Designed to assist health care facilities meet Washington State Licensing requirements.
Statewide	(206) 543-1047	HIV/AIDS Training Audiotape Course	$95 for 7.5 hours	Offered by U of W School of Nursing. Designed to assist health care facilities to meet WA State requirements.

LOCATION	PHONE NUMBER	2, 4, or 7 HOUR COURSES	COST	OTHER DETAILS
Statewide	(425) 564-2012	HIV/AIDS Self Study Program $100 refundable deposit	$60 for 4 hours* $80 for 7 hours *includes mailing	Offered by Bellevue Community College Continuing Nursing Education and Health Information Network.
Statewide	(206) 320-9822	2 hour 4 hour 7 hour	$30 for 2 hour $45 for 4 hour $65 for 7 hour	Offered by the Empowerment Institute. Course may be offered at your site.
Statewide Internet Classes	(360) 853-7742 http://www.healthsafepro.com/	2.5 hour 4 hour 7 hour	$25 for 2.5 hr $40 for 4 hour $60 for 7 hour	Offered by Professional Health & Safety Consultants.
Statewide Internet Classes	(707) 937-0518 www.nursingceu.com	2 hour 4 hour 7 hour	$20 for 2 hour $40 for 4 hour $70 for 7 hour	Washington State HIV/AIDS internet course offered by Wild Iris Medical Education.
Statewide Internet Classes	1-800-346-4915 http://www.preventionmd.com/	2 hour	$20 for 2 hour	Online course offered by Prevention MD.

HIV Prevention Counseling and Testing Training Schedule for 2004

These one-, two- and three-day courses will assist health care providers and others develop necessary skills for providing pre- and post-test counseling for HIV testing, as required by Washington State law.

These courses are not intended for the general public.

REGION	TRAINER	COURSE DATES
One (Spokane)	**Christopher Zilar** (509) 324-1542 or 1-800-456-3236 The cost varies according to length of class.	July 13-15, 2004 3-day Sept. 14-15, 2004 2-day Dec. 7-9, 2004 3-day
Two (Yakima)	**Deborah Severtson-Coffin** (509) 454-3322 The cost of the 2 day class is $85.	June 17-18, 2004 2 day
Three (Everett)	**Eric Hatzenbuehler and Kevin Henderson** (425) 339-5251 The cost of the 2 day class is $75.	June 7-9, 2004 3 day
Four (Seattle)	**Robert Marks and Mark Alstead** (206) 296-4649 or email to: diane.ferrero@metrokc.gov The cost for the 2 day class is $125. The cost for the 3 day class is $175.	May 4-6, 2004 3 day June 29-30, 2004 2 day
Five (Tacoma)	**Kim Ingram** (253) 798-2939 The cost for the 2 day class is $50.	June 3-4, 2004 2 day *Sept. 16-17, 2004 2 day Nov. 3-5, 2004 3 day * In Olympia
Six (Vancouver)	**Beth McGinnis** (360) 397-8111 The cost for the 2 day class is $100.	July 28-30, 2004 3 day *Sept. 16-17, 2004 2 day * In Olympia

Calendar

MAY 11, 2004

The Governor's **Advisory Council on HIV/AIDS** (GACHA) meets from 9:00 A.M. to 1:00 P.M., on May 11, 2004, at the Jackson Federal Building, 915 Second Avenue, Seattle, Wa, 98174. The majority of the day will be devoted to holding a public forum addressing the expected changes for individuals covered by Medicaid/Medicare as a consequence of the federal law passed in December; a brief Council meeting will take place in the afternoon. For additional information, go to http://www.doh.wa.gov/cfh/HIV_AIDS/GACHA/Default.htm , or contact Lynn Johnigk at: (360) 236-3444 or e-mail her at: Lynn.Johnigk@doh.wa.gov.

JUNE 7, 2004

Seattle STD/HIV Prevention Training Center offers the following two courses for June. Please visit their website at: http://www.seattlestdhivptc.org/ for more information or to register online. You may also call the PTC at 206-685-9850 to request an application form. **STD Intensive Course:** This 5-day course, designed for clinicians with at least 6 months of clinical STD experience, addresses the prevention, diagnosis and management of STD through didactic and practicum training. The 3-day didactic portion may include the following topics: STD Overview, HSV, HPV, Vaginitis, Cervicitis, PID, Syphilis, Genital Dermatology, STD-Related Syndromes in Men, Chlamydia, Hepatitis, STDs in Adolescents: Special Concerns, Taking a Sexual History and Behavioral Counseling for Risk Reduction, Contraceptive Update and Partner Management. The 2-day practicum includes updating examination skills, review of STD case studies and hands-on experience in the STD clinic and laboratory. Laboratory training includes hands-on practice of RPR, wet mount and darkfield microscopy procedures directed by a preceptor. The practicum is scheduled individually to take place within 2-3 month following the didactic portion of the course. The registration fee for the STD Intensive course is $300. **STD Update Course:** The STD Update course is the 3-day didactic portion of the STD Intensive course described above. The course is designed for clinicians. The registration fee for the STD Update course is $200.

JUNE 26, 2004

This year the **Seattle Pride** festival takes place over two days, Saturday June 26, and Sunday June 27. There will be speakers, entertainment and vendor booths for both days. Volunteers are still needed to

help with this Volunteer Park event. For further information visit their website at: http://www.seattlepride.org/ or e-mail them at: info@seattlepride.org or call them at (206) 324-0405.

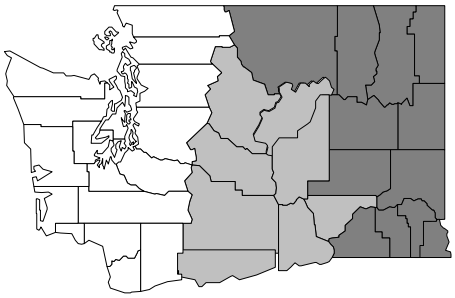
August 10, 2004

Public Health - Seattle & King County is offering two 2-day workshops on **Motivational Interviewing**. Motivational interviewing is a direct, yet non-confrontational way of working with people who are ambivalent about changing their behaviors. This workshop will assist providers to identify where clients are in the change process, recognize the right time to give information or advice, improve listening skills, create an environment that supports and encourages change, and manage client resistance in a way that is less frustrating. Class dates are August 10-11. Fees are $95 per person. Agencies with 5 or more participants receive an $85 per person fee. Trainers are Robert Marks and Kathy Silverman. For further information, contact Diane Ferrero at (206) 296-4649 or diane.ferrero@metrokd.gov or visit http://www.metrokc.gov/health/apu/resources/miclass.htm.

August 16, 2004

Essential Std Exam Skills is a workshop offered by the **Seattle STD/HIV Prevention Training** Center. This 2-day workshop focuses on essential communication skills and examination techniques used with patients at risk for STDs, through didactic and practicum training. The didactic portion (Day 1) includes: *Sexual History Taking, Basic Male and Female Anatomy, Steps in the STD Exam, Prepping the Exam Room, Case Studies & Charting, and Microscopy*. During the practicum (Day 2) students observe a step-by-step exam on both a male and female model patient, then have the opportunity to prepare the exam room and perform at least one full STD exam (including specimen collection) on both a male and a female model patient in the presence of a preceptor. The course is designed for clinicians new to the STD practice setting. The fee for this course is $250. Please contact Ronnie Staats at the Seattle STD/HIV Prevention Training Center for more information. Email: rstaats@u.washington.edu. Phone: 206-685-9848. You may also check the training center's website at: www.seattlestdhivptc.org.

Regions 1 & 2



Region One (dark area) includes Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Okanogan, Pend Oreille, Spokane, Stevens, Walla Walla and Whitman Counties. The Region One AIDSNET Office is in Spokane and the Coordinator is Barry Hilt at (509) 324-1551.

Region Two (gray area) includes Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat and Yakima Counties. The Region Two AIDSNET office is in Yakima and the Coordinator is Wendy Doescher at (509) 249-6503.

Transitions

The **Spokane Regional Health District** HIV/ AIDS and Reproductive Health Program welcomes Health Educator **Celeste Kuntz.** Celeste will work with youth and adult populations on HIV/AIDS education and prevention.

Announcements

Spokane AIDS Network (SAN) reports that their **annual fundraiser** the Oscar Gala was a huge success, complete with the Oscar Boys, an outstanding silent auction, 350 attendees, emcees Mark Peterson and Debra Wilde of KXLY-TV, great food at the historic Davenport Hotel and a post-Oscar party at Dempsey's.

The event netted just over $45,000, which will be used to support the agency's direct services programs and the prevention programs. Another $500 came in through the live auction that was led by Blow Me Bubbles. The 6th annual Oscar event surpassed the planning committee's goals due to corporate sponsorship and support coupled with the time, commitment and resources of so many community members and businesses. The primary sponsors were Jet Tea, Michelob Ultra and Washington Trust Bank.

SAN would like to thank all the many folk who invested their time and energy in making the Oscar Gala a huge success. Additionally SAN thanks the corporate sponsors and those generous businesses that provided in-kind support.

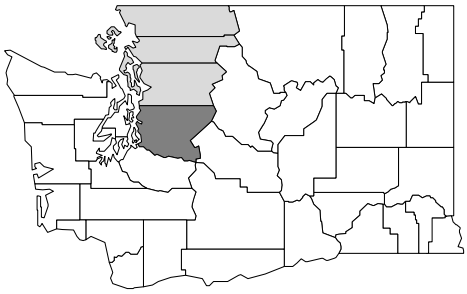
Spokane Regional Health District's Teen Pregnancy Prevention Program, **Your Choice, Not Chance** working in collaboration with **Planned Parenthood of the Inland Northwest** has received promising data back from the Washington Institute for Mental Illness Research and Training on their community based teen pregnancy prevention program. The data from the 21-month research program showed that the multi-tiered model that was used was a viable approach and the findings on the program effects are encouraging. For more information, contact Stacey Ward (509) 324-1460 or go to http://depts.washington.edu/washinst/.

The Spokane Regional Health District's Clinic and the HIV/AIDS and Reproductive Health programs will be collaborating on increased **outreach to men who have sex with men (MSM) in Eastern Washington.** The project strategy is to implement a basic media campaign to promote clinic services using educational messages that target men who have sex with men in order to increase MSM access to STI testing and treatment. The project is financed by local Capacity Development Funds, which were granted in anticipation of a potential increase in incidence of Syphilis and other Sexually Transmitted Infections. For additional information, contact Lisa St. John, John Arvan, or Chris Zilar at (509) 324-1542.

Know Your Status will continue through 2004 in Spokane County, via the Spokane Regional Health District. The project, initially implemented as a Bi-Regional Project in

2002, is designed to invite HIV+ individuals and persons at behavioral risk for new HIV infection to work within their social networks to help friends as well as sex and needle sharing partners to access HIV testing. The 2002-2003 project implementation summary will be available in May 2004. For additional information contact Lisa St. John at (509) 324-1547.

Regions 3 & 4



Region 3 (gray area) includes Island, San Juan, Skagit, Snohomish and Whatcom Counties. The Region 3 AIDSNET office is in Everett and the Coordinator is Alex Whitehouse at (425) 339-5211.

Region 4 (dark area) is King County. The Region 4 AIDSNET office is in Seattle and the Coordinator is Karen Hartfield, who can be reached at (206) 205-8056.

Transitions

Lifelong AIDS Alliance's Board of Directors is pleased to announce that former Seattle City Council member **Tina Podlodowski** has accepted the position of **Executive Director,** effective March 29, 2004.

Podlodowski replaces **Chuck Kuehn,** who has led Lifelong AIDS Alliance for three years. Kuehn is leaving Lifelong to pursue a long-time dream of joining the Peace Corps, and he will be working in Africa. Before assuming the role of Executive Director at the agency, which was created in 2001 with the merger of Northwest AIDS Foundation and Chicken Soup Brigade, Kuehn served for five years as the Executive Director of Chicken Soup Brigade.

Podlodowski has had a long and varied career and life as a legislator, technology executive and philanthropist. She served on the Seattle City Council from 1996 until 2000.

Announcements

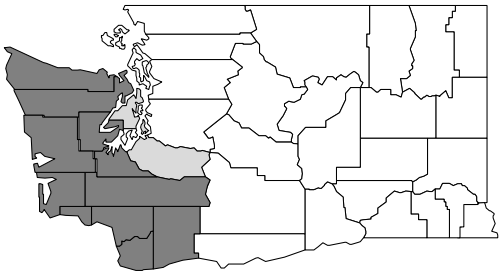
Rise n' Shine is looking for mentors and camp counselors. The next training will take place July 17th and 18th. The camp is for children and teens enrolled in the Rise n' Shine programs. The camp dates for children ages 5-12, affected by or infected with HIV/AIDS, takes place August 16th through August 21st; the camp dates for teens 13-18 is August 22nd through August 27th. To volunteer, contact Danica Smith at (206) 628-8949 x210 or **Danica@risenshine.org.**

Rise n' Shine serves children and teens affected by HIV/AIDS throughout Washington State, primarily in the western region, from Bellingham in the North to Vancouver in the South. Programs include summer camp, a mentor program & support groups. Case managers and care providers may refer families by contacting Michael Dunlop at (206) 628-8949 Ext. 229.

CAN YOU LISTEN?

Shanti volunteers make a difference in the community by providing caring support for people affected by HIV/AIDS, cancer, or other life-threatening illnesses. By listening without judgment and engaging in a comforting one-to-one relationship, our volunteers provide a safe space for people to talk about dealing with illness. Currently there are clients who are waiting to be matched. The next training begins in June. Call (206) 324-1520 ext. 3 and volunteer today! Visit the website at: **www.seattleshanti.org** or e-mail them at: **shanti@multifaith.org**.

Regions 5 & 6



Region 5 (gray area) includes Kitsap and Pierce Counties. The Region 5 AIDSNET office is in Tacoma and the Coordinator is Mary Saffold at (253) 798-4791.

Region 6 (dark area) includes Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston and Wahkiakum Counties. The Region 6 AIDSNET office is in Vancouver and the coordinator is David Heal at (360) 397-8086.

Transitions

Big changes are coming in **Region 5. Lenore Morrey,** Program Manager for **Kitsap County Health District's HIV/AIDS program,** is retiring and moving to Canada this summer. Lenore has had an extensive career as a sexuality educator, and taught people about HIV/AIDS before it had a name. She has been in Kitsap for ten years, and served as staff for the Bridge Consortium during that time. Although she is pleased with the progress that has been made in the HIV/AIDS program, she is aware that there is a lot more to be done and looks forward to hearing updates on continued progress and new accomplishments in HIV/AIDS Care and Prevention. Lenore will be extremely difficult to replace, and her knowledge, advocacy and integrity will be sorely missed--not just by Kitsap, but throughout the state. Lenore sends her best wishes and energy to everyone who will be continuing this satisfying and essential work. Kitsap County Health District gives profound thanks to her for her many years of service and wishes her well in her new adventures.

Another major change is that the **Kitsap County Health District** (KCHD), including the HIV/AIDS program, will be **moving to new quarters** sometime in late summer or early fall. The "new digs" are in the Government Center in the heart of Bremerton, and are currently under construction. In addition to being a major aesthetic improvement, the move will place KCHD much closer to client base and transit routes.

Announcements

The **Clark County Health Department** is currently conducting **online STD and HIV prevention for MSM** on the website **gay.com.** The Clark County project was initiated in January 2004, after outreach worker Ryan Lutz attended the CDC-sponsored fall conference focusing on how to address public health issues through the internet. Clark County bases this intervention on the harm reduction model. Current online contacts number approximately eight MSM per month, ranging from 18 to 70 years old. Issues brought up by chat room participants are: HIV and STD questions; coming out; domestic violence; safer sex; and, alcohol and drug use. Referrals have included HIV counseling and testing, STD screening, counseling services, and public health websites.

Beth McGinnis (Region 6 Education Coordinator) paired with **Karen North** and **Jan Whitrock** of the **Cowlitz County Health Department** provider outreach team to work with the Peace Health Medical System based in Longview, WA. The goal was to streamline and update HIV Counseling and Testing protocols and procedures. Karen and Jan provided information and resources to the health system's different groups on what was available at the Cowlitz County Health Department. They will be working with physicians on the revised testing policies and doing outreach to that group on reporting requirements and partner notification services.

Beth conducted trainings for the staff introducing them to new HIV Counseling and Testing policies and highlighting and reviewing counseling concepts and procedures. Kudos to them for teamwork!

The **Grays Harbor** County Board of Health passed a resolution in January authorizing the implementation of a **syringe exchange program.** The Public Health and Social Services Department will lead the implementation, with the assistance of trained volunteers. Health educator Dan Homchick is currently obtaining the necessary supplies and materials to begin the exchange process and consulting with local officials regarding appropriate sites for exchange activities. Public health staff will begin exchange activities in the fall of 2004.

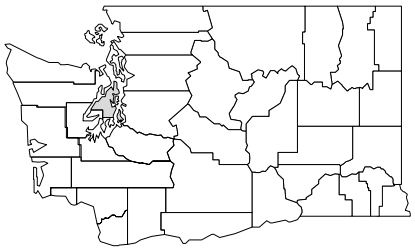
Coffee Klatch is a supportive and positive setting for gay and bisexual men age 21 and over in the Tacoma-Pierce County area. Facilitated conversations range from coming out stories to relationship discussions. Meetings are held every 1st and 3rd Monday at 6:30 pm at Tully's, downtown on 9th and Broadway. Alternate Mondays usually include a movie or informal get together.

African American Advisory Council meets the second Tuesday of each month. The next Council meeting will be held on April 13th from 1 pm to 3:30 pm at POCAAN (People of Color Against AIDS Network) at 919 South 9th, Tacoma, Washington.

AIDS Housing Association and Pierce County AIDS Foundation are barreling ahead on **Project Open Door;** they are planning for the receipt of funding to purchase, renovate and provide enriched housing services for chronically homeless persons living with HIV and AIDS. The plan is to purchase two homes for shared housing for clients, in Tacoma and the greater Pierce County area. One site has already been secured, and may be ready for four residents in October 2004.

Statewide

Transitions



This issue of *Washington State Responds* is **Teri Eyster Hintz's** last as editor of *WSR*. Teri has been offered and has accepted a new position with the Department's HIV Client Services section. In her new role, Teri will manage the statewide HIV Early Intervention Program (EIP) Eligibility Support and Services program. She will also be representing Washington State in the nationwide AIDS Drug Assistance Program (ADAP) as well as being a representative of EIP to the statewide Early Intervention Steering Committee.

Teri has served as editor of *WSR* since the fall of 2000. Teri brought a wonderful perspective to HIV Prevention and Education Services – combining her experience as a case manager with her interest in HIV prevention. We will miss her, but know that she is just down a short hall. We also know that she will continue to be an advocate for effective prevention services in the programs provided by HIV Client Services. Thank you Teri for your work with us!

As we reassess roles and responsibilities, **Barbara Schuler**

is being asked to serve as interim editor of *WSR*. Her contact information is in the WSR submission section on page 39. We all welcome Barbara to her new role and look forward to the future.

HIV Client Services has recently gone through a reorganization following the departure of two staff members, Jovi Swanson and Sofia Aragon. Case Management is the number one funded service throughout the state. With that in mind, the Statewide Case Management Coordinator position was created as a resource for case managers. This new position combines the Title XIX and Title II services with System Acuity Management, creating one key contact person for case managers. **Monique Ossa,** formerly Monique McLeod**,** has accepted this new position. She was been with HIV Client Services for the past four years as a Client Services Representative (CSR). In mid April **Lorie Miller** will join the staff as the new CSR and will eventually take on Monique's caseload.

Barbara Gimenez, the former manager of Client Eligibility, is now Data Information and Resource Specialist. She will be assisting Rhonda Bierma with data input and analysis. **Teri Hintz** begins managing Client Eligibility for Client Services on May 3, 2004.

A need for an office support staff coordinator led to the creation of an Office Manager position. **Sheila Ichita** joined HIV Client Services on March 15, to fill this role. Sheila supports Anne, oversees office functions, and acts as lead for support staff Carrie Hert, Lead Office Assistant Senior for the past 3+ years.

Lastly, **Evelyn Linton,** formerly the Title XIX Administrator, is now the Contracts and Training Coordinator. She will develop a monitoring system for HIV Client Services contracts and oversee large program contracts. In addition, Evelyn will assist staff in developing statewide trainings for the Early Intervention Program and Title II.

Announcements

Save the date for the 5th **National Harm Reduction Conference** in New Orleans, Louisiana. Highlights include new research, practical interventions, programming concepts, examining myths, starting up syringe exchange programs and working with families impacted by drug use.

Seattle's Downtown Emergency Service Center, AIDS Housing of WA, Team-up with Other Partners to Serve Hardest-to-Serve Population

By Betsy Lieberman, Executive Director of AIDS Housing of Washington.

Housing. Such a simple concept, but for many people living with HIV/AIDS in our community, the ability to find and maintain housing is the biggest challenge of their lives. Taking proper care of one's health, managing medical care, storing medications and taking them on schedule, not to mention the many other daily routines of living are nearly impossible to manage without proper housing. As HIV/AIDS becomes more and more a disease of poverty—with sharp increases in infections among the low-income, as well as among communities of color, youth under 25, and women—"traditional" AIDS care models may not work.

One particular population, referred to here as the "hardest-to-house," poses particular challenges to housing and care providers. They are the chronically homeless, and we are learning that, along with high propensity to illness, including HIV/AIDS, they often share issues such as mental health problems, chemical dependency, and histories of incarceration. They frequently show up in emergency rooms, the county jail, or simply exist on the street. AIDS Housing of Washington, whose mission is to create and sustain housing for people living with HIV/AIDS both locally and nationally, has teamed with the Downtown Emergency Service Center and three other partners in an innovative collaboration to serve this population.

History of the Project

In 2001, AIDS Housing of Washington (AHW) launched an ambitious initiative to address the growing problem of increasing numbers of multiply diagnosed people with HIV/AIDS who were falling through the cracks of the existing housing and services continuum in Seattle/King County. This initiative, called AIDS Housing and Service Systems Integration (AHSSI), consisted of an 18-month planning effort to develop and test more effective solutions for people with HIV/AIDS who are homeless or at risk of homelessness, have histories of mental illness and/or chemical addiction, and have criminal justice involvement.

With the help of an advisory council of 35 key stakeholders (including consumers, advocates, and specialists in the fields of HIV/AIDS services, homelessness, criminal justice, primary care/public health, mental health, substance abuse/chemical dependency, housing and housing development, and financial supports/entitlements), the creation of this model project was proposed.

The project: "The HEET is On"

The project, called the "**HIV Enhanced Engagement Team**" or "**HEET**," was funded by a three-year grant from the Office of HIV/AIDS Housing at the U.S. Department of Housing and Urban Development (HUD). HEET combines a broad and intentional continuum of housing and support services linked to client progression through various stages of recovery. This program has a high degree of flexibility that incorporates an understanding of relapse in substance abuse disorders as part of the recovery process. This unique model will build cross-systems capacity to engage and house clients through a flexible continuum that integrates intensive outreach-based case management, two levels of new "pre-recovery" housing, and streamlined access to medical care, mental health and substance abuse treatment, support services, recovery-oriented housing, and other permanent housing resources in the community.

Five agencies are collaborating on this unique systems integration venture, along with the services of consultant David Wertheimer, whose work focuses on systems integration, particularly among mental health, alcohol/drug, and criminal justice agencies. The lead agency on the project, *Downtown Emergency Service Center (DESC),* has been a pioneer in homeless services for downtown Seattle for many years. Serving disabled and vulnerable homeless adults, DESC offers a continuum of care from emergency shelters to clinical services and supportive housing, and operates the Morrison and Union Hotels, the Lyon Building, and the Kerner-Scott Safe Haven program.

Evergreen Treatment Services (ETS) is a private nonprofit that has been in business for 31 years. It has two clinical programs, including REACH, which has four programs within it. REACH provides case management services to 150 chronic public inebriates. Other ETS programs include two outpatient methadone clinics in Seattle. Two full-time case managers, Nykia Johnson and R.J. Johnson, serve as the first points of client contact for HEET. They are using office space at the Lyon Building in Pioneer Square, but the best place to find them is out in the streets, hospitals, clinics and shelters. They connect with people wherever they find the opportunity.

The *Compass Center* serves homeless and low-income men and women, offering case management, shelters, and transitional housing. The Compass Center is providing shelter beds for HEET clients before they are ready to transition to DESC's Morrison Hotel, where ten rooms are reserved just for HEET.

Northwest Resource Associates (NWRA) will handle the program evaluation component of HEET. In business since 1980, NWRA seeks to design "low-burden" evaluations that provide ongoing feedback as part of the evaluation process. NWRA has been very active with emerging issues in the child and family welfare field.

HEET aims to engage those who have the greatest difficulty achieving and maintaining housing stability and

who have not been successfully served by existing care systems. The hope is that they can be brought into a housing and care continuum that will better their chances of succeeding in a stable housing situation. There, they can access services such as medical care and chemical dependency treatment.

With increasing demand and shrinking resources in every aspect of our work, strong partnerships such as HEET are vital to our ability to continue seeking positive change. Collaborations such as these involve people at all levels who are willing to make mutual commitments and take risks together.

For more information, please contact Ginny Daugherty at AIDS Housing of Washington, 206.322.9444 ext. 28 or **ginny@aidshousing.org**.

State Planning Group

The State Planning Group is scheduled to meet the 4th Thursday of the month from 9:30 A. M. to 3:15 P.M. Dates for May - July SPG meetings are May 27, June 24 and July 22. The meetings are held in SeaTac. For specific meeting locations and topics, go to: http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/HIV_Community_Planning.htm or contact Harla Eichenberger at: (360) 236-3424.

Community Planning

The six **AIDSNET Regions** continue to coordinate the local planning process through meetings of the Regional Planning Groups (RPGs). This process absolutely requires input and participation from members of the community infected and affected by this epidemic. Are you willing to become one of the voices that support effective prevention efforts? If so, please contact your local Regional Coordinator or DOH contact in the list below, for more information.

Barry Hilt
Region 1 AIDSNET (Spokane) – (509) 324-1551

Wendy Doescher
Region 2 AIDSNET (Yakima) – (509) 249-6503

Alex Whitehouse
Region 3 AIDSNET (Everett) – (425) 339-5211

Karen Hartfield
Region 4 AIDSNET (Seattle) – (206) 296-4649

Mary Saffold
Region 5 AIDSNET (Tacoma) – (253) 798-4791

David Heal
Region 6 AIDSNET (Vancouver) – (360) 397-8086

Brown McDonald
State Planning Group (SPG) – (360) 236-3421

HIV Prevention

Interventions that Work

In November of last year, the Centers for Disease Control and Prevention (CDC) released Program Announcement #04064. The program announcement presented funding opportunities for Community Based Organizations (CBO). Along with the typical information supplied to organizations concerning what must be provided in the grant application, CDC provided a document called, "*Procedural Guidance* for Selected Strategies and Interventions for Community Based Organizations Funded Under Program Announcement 04064", draft 09, December 2003. To ensure the money awarded will reach populations at high-risk for HIV and that the interventions utilized have been evaluated and proven to be effective, they provided a list of effective interventions from which to choose. I quote, " The *Procedural Guidance* was developed to bring the best available science on HIV prevention to their communities. Interventions not in the *Procedural Guidance* will not be funded." The announcement also stated CDC will provide training to the funded organizations and offer capacity building assistance throughout the project period. The actions CDC has taken will assist them in reaching the goals stated in the new initiative that was released early last year. Selecting from a list of interventions is a deviation from past grant application announcements released by CDC. In past announcements, interested applicants described the intervention/ activities they intended to conduct to reach their prioritized population.

The *Guidance* was divided into three sections. Each section described interventions that matched the three major activities CDC would fund through this program announcement. Section 1 – described outreach and health education/risk reduction (HERR) for high-risk persons. Section 2 – described outreach and counseling, testing, and referral (CTR) for high-risk persons. Section 3 was subdivided into two subsections. One section described prevention interventions for people living with HIV and their sex or IDU partners who are HIV negative or unknown serostatus. The other subsection addressed interventions for persons at high risk for HIV infection. The *Guidance* provided a very detailed definition of what CDC considered high risk.

The *Guidance* was presented in a user-friendly manner. Each intervention presented was divided into sections and provided extremely detailed information about the prevention intervention. Information presented for each intervention was as follows:

A) Title of the intervention.

B) An intervention description. In the description section, the *Guidance* provided the intervention type, the prioritized population, and the goal of the intervention. It also provided other pertinent information about the intervention.

C) Core elements, key characteristics, and procedures. Core elements are those intervention components considered to be the reason the intervention had an effective outcome and must be maintained to ensure efficacy of the intervention. Key characteristics are activities that may be adapted without changing the intent and design of the intervention. These changes should be based on the feedback received from the populations you plan to reach or on what was learned, when you conducted the pilot phase of the intervention.

D) Procedures described the intervention. This section outlined the information needed to conduct the intervention as it was conducted during the research phase that led to the positive outcome in changing risky behavior.

E) Resource requirements detailed the staffing necessary to conduct the intervention.

F) Recruitment provided information about reaching your prioritized population.

G) Physical setting and characteristics described an ideal location for the intervention to be conducted.

H) Necessary policies and standards outlined nine items (targeting of service, safety, confidentiality, linkage of service, data security, cultural competence, personnel, and volunteers) that an agency should have in place before the intervention is delivered. These items protect the client, the staff, and the agency.

I) Quality assurance outlined the items/activities and agencies should have in place to ensure the quality of the intervention.

J) Monitoring and evaluation detailed the data collection and other activities necessary to provide CDC with information and assess the impact of the HIV prevention activities.

K) Key articles and resources provided the article(s) upon which the intervention was based and any other resources that may have gone into the formulation of this intervention.

From reviewing the above list, you can see the *Guidance* outlined the steps necessary to conduct an effective intervention. Even though this list was produced specifically for the program announcement, these same items are appropriate, should be considered, and should be conducted for **all** HIV prevention programs, regardless of the funding source.

To access the Guidance, go to: www2a.cdc.gov/hivpra/pa04064.html

Intervention in the Spotlight

Intervention Type: Group Level Intervention

Risk Transmission Category: HIV infected youth

Behavior Placing Them at Risk: Substance use and unprotected sex

Setting: Adolescent Care Clinics

Study Title: "*Efficacy of a Prevention Intervention for Youth Living With HIV"* Mary Jane Rotherman-Borus, PhD, Martha B. Lee, PhD, Debra Murphy, PD, Donna Futterman, MD, Naihua Duan, PhD, Jeffrey M. Birnbaum, MD, MPH. Marguerita Lightfoot, PhD, and the Teens Linked to Care Consortium, American Journal of Public Health March 2001 Volume 91, Number 3; 400-404: *"Teens Linked to Care,"* Procedural Guidance for Community Based Organizations.

Article Description:

This study was conducted in Los Angeles, New York, San Francisco, and Miami from 1994 to 1996. A total of 351 HIV infected youth between the ages of 13-24 receiving care at one of 9 adolescent clinical care sites were recruited to

participate in this study. Recruitment required the participants giving informed consent. For those youth under the age of 18, parental or guardian consent was obtained.

When the article was written, youth represented 50% of all HIV infections around the world and 18% of the reported HIV cases in the United States; there were over 100,000 youth living with HIV. The important word, to me, in the previous sentence is "reported". I am sure you are fully aware that until recently there were several states that did not have a mechanism to report HIV cases to the Center for Disease Control and Prevention (CDC). Based on data from seropositive adults, the researchers anticipated that at least 1/3 of these youth might continue the same risky behavior that led to them contracting the HIV virus. Those youth who do not change risky behavior after learning they were HIV infected may infect others and/or become reinfected with new viral strains. The importance of changing the health behavior and transmission acts of youth with HIV cannot be underestimated. The researcher considered, designed, and evaluated the intervention on those two important facts. Up to March 2001, successful interventions with youth had been delivered in small groups. The researchers followed the small group design and delivered their intervention in groups called "cohorts". There were a total of 16 cohorts who received the intervention and 9 cohorts assigned to the control conditions. Those participants assigned to the control group received standard care only. However, they did receive the intervention when the study was completed.

Two baseline assessments were conducted at 3-month intervals. These assessments were used to establish the status of risky behavior. Each of the youth completing the assessment received an incentive of $20 to $25 per assessment. The Social Action Model was the theoretical basis for the intervention. The model also took into account factors that influence self-regulation (coping) and building skills to improve self- regulation (negotiation skills, self-efficacy). The intervention consisted of two modules that were delivered in sequence. Based on an extensive qualitative study, the intervention began with "Staying Healthy". The desire of this 12-session module was to increase the positive healthy behavior of HIV infected youth. This module's focus was on learning to cope with learning about serostatus, implementing new daily routines that would assist youth in staying healthy, issues of disclosure, and being involved in health care decisions. The second module was called "Act Safe". The desire of this 11-session module was to enhance altruistic motivations to reduce HIV transmission. This module's goal was to reduce substance use and unprotected sex by having the youth identify the triggers that lead to their risk taking behaviors. Act Safe also intended to assist the youth to modify their patterns of substance use as well as increase self-efficacy of condom use and negotiation skills. A male and female facilitator conducted each session. The facilitators received three days of intensive training from behavioral intervention researchers; they were also very closely supervised. Each of the sessions lasted for two hours and each module was delivered over a three-month period of time. Participants attending the first session received a $10 incentive. There was an increase of $2 for each subsequent session they attended.

As stated earlier, the intervention in the article was separated into two modules and there was an assessment following each module. Therefore, each assessment conducted was able to evaluate the success of each module independently. At an approximate cost of $513 per participant, the Act Safe module resulted in a 50% reduction in the number of HIV-negative partners, decreased unprotected acts by about 82%, and reduced a weighted index of drug use by 30%. At an approximate cost of $467 per participant, the Staying Healthy module, which focused on health behaviors, demonstrated fewer benefits. However, females changed health habits and were able to increase their active coping style. Both males and females increased their social support coping styles. Changes in health behavior were considered significant because of the introduction of highly active antiretroviral therapy. Based on their findings, the researchers felt health promotion

interventions with HIV-infected youth must focus on medication adherence, enhancing a healthy life style, and assertiveness with care providers. While the evaluation result demonstrated the intervention was effective, there was one downside noted. Approximately ¼ of those recruited for the intervention never attended a single session. Even though the youth reported liking the small group format, there were some issues (scheduling and stigmatization) that kept them from attending. Alternative intervention strategies need to be conducted to reach this population.

In the *Guidance,* this same intervention was called "Teens Linked to Care". However, there was one major difference from the published study; there were three modules. The additional module was called "Being Together". This was an eight-session module delivered in the same manner as the two in the article. The *Guidance* did not mention the desire of this module; however the session titles included: How Can I Have a Better Quality of Life; How Can I reduce Negative Feelings; Who am I; Is What I see the Real Thing; What Direction should I follow; How can I Be a Good Person; How Can I get Wise; and How Can I care About Others.

For those who may have prioritized HIV infected youth, hopefully I have provided enough information for you to determine if your population fits into the intervention described. If your prioritized population fits this intervention, it may be replicated. If there are differences, adaptation of this intervention may be necessary to meet your populations' needs. To maintain fidelity and ensure effectiveness, you must remember to maintain the core elements. After reviewing the article, the *Guidance,* and visiting the web site listed below, it is my opinion there are five-core elements:

1) Deliver three modules, with 8-12 sessions each;
2) Trained facilitator;
3) Modules should be delivered in small groups;
4) Conduct meaningful exercises in each session; and
5) Provide individualized homework assignments following each session.

Request for reprints should be sent to Mary Jane Rotheram-Borus, PhD, 10920 Wilshire Blvd, Suite 350, Los Angeles, CA 90024; email rotheram@ucla.edu . A complete copy of the intervention is also located at http:chipts.ucla.edu/interventions/manuals. Or if you wish to review the *Guidance,* it may be viewed at http://www2a.cdc.gov/hivpra/pa04064.html. If you have questions or comments for me, I may be contacted by telephone (360) 236-3486 or via email at frank.hayes@doh.wa.gov.

The STD Focus

By Bonnie Nickle; DOH, STD Educational Resource Coordinator

Gonorrhea: New Problems, New Solutions

On March 2, 2004 the notice below was sent to local Washington state health departments from the state Health Officer, Dr. Maxine Hayes. Outreach workers need to know that drug resistance is a problem in this and other states. When we talk about "resistance" we mean that the drug used to treat an infection no longer works as well as it did in the past. When clients complain that a problem that was treated is "still there" bring this to the attention of other health team members. For many of your clients re-infection will occur unless partners are brought to treatment, so your street knowledge is important in teasing out the reasons for continuing infections. Retesting and re-treatment may be necessary. Don't be shy about speaking up on this issue.

New Guidelines for Treatment of Gonorrhea
March 2, 2004

The 2002 STD Treatment Guidelines from CDC states that, "Quinolones should not be used for infections acquired in Asia or the Pacific including Hawaii. In addition, quinolones are inadvisable for treating infections acquired in California and in other areas with increased prevalence of quinolone resistance." Recent findings* from the Gonococcal Isolate Surveillance Project (GISP) in Seattle have indicated that Washington State is now an area with increased prevalence of quinolone-resistant *Neisseria gonorrhoeae (QRNG).* Based on these findings, the Washington State Department of Health is adopting the following recommendations that are similar to those established in December 2003 by Public Health–Seattle & King County.

1. **Health care providers in Washington State should no longer use fluoroquinolones (ciprofloxacin, levofloxacin and ofloxacin) as first line therapy for gonorrhea.** In particular these drugs should be avoided when treating men who have sex with men (MSM) for proven or suspected gonorrhea and should be used with caution, if at all, in other patients.
2. Providers are urged to contact their local health jurisdiction whenever a gonorrhea treatment failure is suspected, or if there is other evidence of possible antibiotic-resistant infection.

Gonnorrhea Treatment Recommendations

The antibiotics of choice to treat uncomplicated gonococcal infections of the cervix, urethra and rectum include:

Ceftriaxone (Rocephin™) 125 mg intramuscularly in a single dose;

OR

Cefpodoxime (Vantin™) 400 mg orally in a single dose.

Either regimen should be followed with either azithromycin 1.0g orally (single dose) or doxycycline 100 mg orally twice daily for 7 days, to treat possible coexisting chlamydial infection.

When well-documented penicillin allergy or other contraindications preclude treatment with a cephalosporin, patients can be treated with single-dose azithromycin 2.0 g orally once or ciprofloxacin 500 mg (or another fluoroquinolone can be given), followed by a test-of-cure. (Cefixime, until recently recommended for treating gonorrhea in a single dose, is no longer available in the United States.)

**From January 2002 through June 2003 there were only sporadic cases of fluorquinolone- resistant gonorrhea in King County, amounting to 1-2 percent of all isolates tested. Beginning in July 2003 an increase was noted and during October-December, 22 (16.5 percent) of 133 gonococcal isolates had minimal inhibitory concentrations of ciprofloxacin of 4 mg/L or higher, a level of resistance associated with at least 50 percent rate of treatment failure with recommended fluoroquinolone regimens. Of the 22 recent cases, 21 were men, most of whom acknowledged sex with male partners. Many of these quinolone-resistant gonococci also had decreased susceptibility to tetracycline and azithromycin.*

Please call the state STD Program Office at 360 236-3460 if there are any questions.

http://www.cdc.gov/STD/GISP/default.htm is the CDC web site for the Gonococcal Isolate Surveillance Project. Check this site for alerts and updates.

http://www.cdc.gov/std/treatment/Cefixime.htm is the site for historical information on alternatives to Cefixime. At this time, the CDC is searching for manufacturing alternatives for Cefixime.

Selected Readings

How to Read the References

Author(s), "Title," *Journal Name*, Date or Year; Volume (Number): Pages.

Key:

* Popular Reading
** Moderate Difficulty; Some Understanding Of Medical Terms
*** Medical Background Needed
**** Technical Reading.

If you cannot access library services, please contact Bonnie Nickle at (360) 236-3460 for single copies of these articles.

*** Beckman K.R., Melzer-Lange M.D. and Gorelick M.H. "Emergency Department Management of Sexually Transmitted Infections In US Adolescents: Results from the National Hospital Ambulatory Medical Care Survey." *Annals of Emergency Medicine.* March 2004;43(3):33-338. 18,999 records were examined during the 7-year study period. Though 91% of patients had PID and 8% of these patients were admitted to a hospital, only 35% of PID treatment was fully compliant with CDC recommendations. Of all adolescents with an STD, only one had an HIV test performed.

** Klausner J.D., Engleman J., Kukehart S.A. and others. "Brief Report: Azithromycin Treatment Failures in Syphilis Infections" --- San Francisco, California, 2002 - 2003 *MMWR.* March 12, 2003;53(09)a;197-199. Failures occurred with the 2 gram dose. Investigators are collaborating with UW to identify the molecular mechanism that confers azithromycin resistance.

*** Weinstock H., Berman S. and Cates W. "Sexually Transmitted Diseases Among American Youth: Incidence and Prevalence Estimates, 2000." *Perspectives on Sexual and Reproductive Health.* January/February 2004;36(1):6-10.

*** Chesson H.W., Blandford J.M. and Gift T.L. "The Estimated Direct Medical Cost of Sexually Transmitted Diseases Among American Youth, 2000." *Perspectives on Sexual and Reproductive Health.* January/February 2004;36(1):11-19.

**** Katz A.R, Effler P.V., Ohye R.G. and others. "False-Positive Gonorrhea Test Results with a Nucleic Acid Amplification Test: The Impact of Low Prevalence on Positive Predictive Value." *Clinical Infectious Diseases.* March 15, 2004;38:814-819.

*** Klausner J. D. "The NAAT Is Out of the Bag." *Clinical Infectious Diseases.* March 15, 2004;38:820-821 Editorial on false positive tests.

*** Simms I., Warburton F. and Weström L. "Diagnosis of Pelvic Inflammatory Disease: Time for a Rethink." *Sexually Transmitted Infections.* December 2003;79:491-494.

*** Corey L., Wald A., Patel R. and others. "Once-Daily Valcyclovir to Reduce the Risk of Transmission of Genital Herpes." *New England Journal of Medicine.* January 1, 2004;350(1):11-20. The frequency of acquisition increased with reported frequency of sex activity and was 0.35 per 1000 contacts among the valcyclovir couples as compared to 0.68 with the placebo couples.

**** Young H., Manavi K. and McMillan A. "Evaluation of Ligase Chain Reaction for the Non-Cultural Detection of Rectal and Pharyngeal Gonorrhoea in Men Who Have Sex With Men." *Sexually Transmitted Infections.* December 2003,79 (6):84-486. Includes sensitivity and specificity charts.

*** Soloman L., Cannon M.J., Reyes M. and others. "Epidemiology of Recurrent Genital Herpes Simplex Virus Types 1 and 2." *Sexually Transmitted Infections.* December, 2003;79 (6):456-459.

** Marrazzo J.M., Stine K. and Wald A. "Prevalence and Risk Factors for Infection With Herpes Simplex virus Type-1 and 2 Among Lesbians." *Sexually Transmitted Diseases.* December 2003 30(12):890-895. HSV-2 occurs in nearly 1 in 10 lesbians and is not predicted by report of sex with men or sexual identity, nor are most aware of their infection.

** Herndon E.J. and Zieman M. "New Contraceptive Options." *American Family Physician.* February 15, 2004;69(4):853-860. Handy charts include failure rates, side effects and non-contraceptive benefits.

*** Webb A., Shochet T. and Bigrigg A. "Effect of Hormonal Emergency Contraception on Bleeding Patterns." *Contraception.* February 2004;69(2):133-135. The earlier in the cycle the pills were taken, the more likely the next bleed was to be early and the less likely it was to be on time. There was no difference in spotting rates between women who became pregnant and those who did not.

** Abbot J., Feldhaus K.M. and Houry D. "Emergency Contraception: What Do Our Patients Know?" *Annals of Emergency Medicine.* March 2004:43(3):376-381. In this prospective study of 158 female ER patients, 77% had heard of EC, but of these, one half to one fourth did not have the knowledge to use EC.

** Petersen R., Payne P, Albright J. and others. "Applying Motivational Interviewing to Contraceptive Counseling: ESP for Clinicians." *Contraception.* March 2004;69(3):213-217.

* Altman L. "Study finds That Teenage Virginity Pledges Are Rarely Kept." *New York Times.* March 10, 2004 page A10. Columbia and Yale researchers analyzed 6-year follow up data from the National Longitudinal Study of Adolescent Health.

** Allen R.E. "Diaphragm Fitting." *American Family Physician.* January 1,2004;69(1):97-105. Review of efficacy and fitting. Includes 2 pages of patient education handouts.

*** Sugar N.F., Fine D.N. and Eckert L.O. "Physical Injury After Sexual Assault: Findings of a Large Case Series." *American Journal of Obstetrics and Gynecology.* January 2004;190(1):71-76.

*** Kellog N.D., Menard S.W. and Santos A. "Genital Anatomy in Pregnant Adolescents: "Normal" does Not Mean "Nothing Happened"." *Pediatrics.* January 1, 2004;113(1):6769.

*** Giordano T.P., Soini H., Teeter L. and others. " Relating the Size of Molecularly Defined Clusters of Tuberculosis to the Duration of Symptoms." *Clinical Infectious Diseases.* January 1, 2004;38(1):10-16.

** Coker R. "Compulsory Screening of Immigrants for Tuberculosis and HIV." *British Medical Journal.* February 7, 2003;328:298-300. Editorial.

*** Perlman D.C., Segal Y., Rosenkranz S. and others. "The Clinical Pharmocokinetics of Pyrazinamide in HIV-Infected Persons with Tuberculosis." *Clinical Infectious Diseases.* February 15, 2004;38(44):556-564.

** Kulaga S., Behr M. and Nguyen D. "Diversity of *Mycobacterium tuberculosis* Isloates in an Immigrant Population: Evidence against a Founder Effect." *American Journal of Epidemiology*. March 1,2004;159:507-513.

*** Justesen U.S., Andersen A.B., Klitgaar N.A. and others. "Pharmacokinetic Interaction between Rifampin and the Combination of Indinavir and Low-Dose Ritonavir in HIV-Infected Patients." *Clinical Infectious Diseases*. February 1, 2004;38(3):426-429.

*** Jasmer R.M., Snyder D.C. Saukkonen J.J. and others. "Short-Course Rifampin and Pyrazinamide Compared with Isoniazid for Latent Tuberculosis Infection: A Cost-Effectiveness Analysis Based on a Multicenter Clinical Trial." *Clinical Infectious Diseases*. February 1, 2004;38(3):363-369. Costs of lab tests and side effects are addressed.

** Hsu K., Christiansen D., Bernardo J. and others. "Self-Assessment of Tuberculosis Infection Risk by Urban Adolescents." *Archives of Pediatrics and Adolescent Medicine*. December 2003;157(12):1227-1231.

**** Cheng V.C.C., Yam W.C., Hung I.F.N. and others. "Clinical Evaluation of the Polymerase Chain Reaction for the Rapid Diagnosis of Tuberculosis." *Journal of Clinical Pathology*. March 1,2004;57281-285.

** McGowan J.P., Shah, S.S., Ganea C.E. and others. "Risk Behavior for Transmission of Human Immunodeficiency Virus (HIV) among HIV-Seropositive Individuals in an Urban Setting." *Clinical Infectious Diseases*. January 1, 2004;38 (1):122-126.

** Horne R., Buick D., Fisher M. and others. "Doubts About Necessity and Concerns About Adverse Effects: Identifying the Types of Beliefs that Are Associated with Non-Adherence to HAART." *International Journal of STD and AIDS*. January, 2004;15:38-44.

**** Clavel F. and Hance A.J. "HIV Drug Resistance." *New England Journal of Medicine*. March 4, 2004;350(10):1023-1035. Review article.

** Benotsch E.G., Kalichman S. and Cage M. "Men Who Have Met Sex Partners Via the Internet: Prevalence, Predictors, and Implications for HIV Prevention." *Archives of Sexual Behavior*. April 2002;31(2):177-184.

*** Fleming C.A., Christiansen D., Nunes D. and others. "Health-Related Quality of Life of Patients with HIV Disease: Impact of Hepatitis C Coinfection." *Clinical Infectious Diseases*. February 1, 2004;572-578.

*** Martin-Carbonero L., Benhamou Y., Puoti M. and others. "Incidence and Predictors of Severe Liver Fibrosis in Human Immunodeficiency Virus-Infected Patients with Chronic Hepatitis C: A European Collaborative Study." *Clinical Infectious Diseases*. January 1, 2004;38(1):128-133. Predictors of fibrosis included greater age and alcohol consumption.

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*** Zuezem S. "Heterogeneous Virologic Response Rates to Interferon-Based Therapy in Patients with Chronic Hepatitis C: Who Responds Less Well?" *Annals of Internal Medicine.* March 2, 2004;140(5):370-382. Review of virus-related and patient-related factors associated with lower virologic response and discusses the potential of new medications.

** "Drug Interactions with Grapefruit Juice." *The Medical Letter.* January 5, 2004;46(1173):2-4. Includes handy chart. Some of the drugs listed are used in HIV, STD, and family planning patient care. 2004;38(2):161-189.

Other Health Resources

TB

http://www.digitalbookindex.com/search/search010medicinediseasesinfectiousa.asp is a source for free books and publications on infectious diseases and the history of infectious diseases. The section on TB is especially large and interesting.

HIV

FDA has approved the first **Oral Fluid based Rapid HIV Test Kit**. Visit the FDA site directly at: http://www.fda. gov/bbs/topics/news/2004/NEW01042.html.

http://hivinsite.ucsf.edu/InSite.jsp, the University of California at San Francisco's **AIDS Knowledge Base** site has **updated** or added chapters on "Infection and Travel in Patients with HIV Disease," "Toxoplasmosis," "Safer Sex," and "Overview of Antiretroviral Drugs."

CDC and **HHS** have recently updated the following **treatment guidelines**:

Updated Guidelines for the Use of Rifamycins for the Treatment of **Tuberculosis Among HIV-Infected Patients** Taking Protease Inhibitors or Nonnucleoside Reverse Transcriptase Inhibitors, available at http://www.cdc.gov/nchstp/tb/tb_hiv_drugs/toc.htm.

Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection (updated January 20, 2004), available at http://aidsinfo.nih.gov/guidelines/default_db2.asp?id=51.

The first cases of what would later become known as AIDS were reported in the United States in June of 1981. Since that time, almost 1.5 million people in the U.S. have been infected with HIV, including more than 500,000 who have already died and another 850,000-950,000 who are estimated to be living with HIV/AIDS. For an updated fact sheet on the epidemic in the U.S. and globally, go to the Kaiser Family Foundation site at http://www.kff.org/hivaids/3029-03.cfm.

STD Prevention, Family Planning and Reproductive Health

Standards of medical care for **transgender patients** can be found at the website http://www.hbigda.org/soc.html. Outreach workers might find interesting transgender health and conflict resolution issues addressed at http://www.ngltf.org/downloads/TransHomeless.pdf.

http://www.history.nih.gov/exhibits/thinblueline/ (Timeline Section) is the NIH site for **historical information on pregnancy testing**, starting with the early Egyptian practice of women urinating on wheat and barley and continuing to today's home pregnancy tests.

Need handouts on **men's health**? Go to http://www.aafp.org/afp/20040201/619ph.html for patient education materials on penile, prostate, and testicular cancer.

Do your patients or clients need additional information about **genital warts**? The American Social Health Association's web site offers the following:

HPV Resource Center: http://www.ashastd.org/hpvccrc/index.html
HPV: Get the Facts: http://www.ashastd.org/hpvccrc/hpvfaqs.html
National HPV Hotline: http://www.ashastd.org/hotlines/hpvhotline.html
HPV E-mail Service: http://www.ashastd.org/hpvccrc/emil.html
HPV Chat Room: http://www.ashastd.org/hpvccrc/chat.html
HPV Support Groups:http://www.ashastd.org/hpvccrc/hpvref.html

"**How to Manage Controversy in Sexuality Education"** is a feature of Seattle King County's web site at http://metrokc.gov/health/famplan/educators/controversy.htm. The site includes Washington State's relevant laws.

http://www.patient-physician.com/ features a 44-page conference report on improving relationships among physicians, patients and hospital staff.

MULTI-CULTURAL HEALTH

Try http://www.poz.com/index.cfm?p=article&art_id=3100 for a *Poz* magazine article about **HIV denial in Asian communities** and an Asian-American filmmaker's art in defiance of this problem.

A new **Hmong** Health web site at http://www.hmonghealth.org/ includes family health, healthy living, traditional living, links to a health dictionary, illustrations, video/cassette sources, and a section on "Talking with Health Providers".

The Centers for Disease Control and Prevention (CDC), **National Prevention Information Network** (NPIN) recently released HIV/AIDS and STD publications in a wide range of Asian languages including Tagalog, Khmer, Vietnamese, and Korean along with English and Spanish. These materials may be ordered via the online NPIN publication page at http://www.cdcnpin.org/scripts/pubs/matlpubsearch.asp.

The **National Minority AIDS Council** has prepared 15 training manuals on organizational effectiveness, including: board development; program evaluation; and, volunteer management. The manual on HIV Prevention Community Planning is still in progress as of this writing. The manuals are comprehensive (about 50 pages each), accessible, and easy to understand. They may be downloaded from the NMAC website: http://www.nmac.org./

TABLE 1. WASHINGTON STATE HIV[1] AND AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, AS OF 3/31/2004

	TOTAL CASES (& CASE FATALITY RATE[2]) DIAGNOSED DURING INTERVAL[3]					DEATHS OCCURRING DURING INTERVAL[4]		CASES PRESUMED LIVING DIAGNOSED DURING INTERVAL[3]		
	HIV[1]		AIDS		**HIV/AIDS**	*HIV*[1]	AIDS	*HIV*[1]	AIDS	**HIV/AIDS**
	No.	*(%)*	No.	(%)	**Total**	*No.*	No.	*No.*	No.	**Total**
1982	*2*	*(0%)*	1	(100%)	**3**	*0*	0	*2*	0	**2**
1983	*6*	*(17%)*	20	(100%)	**26**	*0*	7	*5*	0	**5**
1984	*13*	*(0%)*	79	(97%)	**92**	*0*	31	*13*	2	**15**
1985	*68*	*(7%)*	132	(97%)	**200**	*0*	81	*63*	4	**67**
1986	*64*	*(11%)*	250	(98%)	**314**	*0*	128	*57*	6	**63**
1987	*74*	*(11%)*	371	(95%)	**445**	*2*	187	*66*	17	**83**
1988	*84*	*(12%)*	497	(93%)	**581**	*6*	240	*74*	34	**108**
1989	*125*	*(10%)*	629	(91%)	**754**	*8*	311	*112*	58	**170**
1990	*141*	*(11%)*	759	(89%)	**900**	*6*	378	*125*	83	**208**
1991	*154*	*(7%)*	856	(86%)	**1,010**	*4*	477	*143*	123	**266**
1992	*146*	*(8%)*	924	(76%)	**1,070**	*7*	530	*135*	226	**361**
1993	*130*	*(4%)*	998	(65%)	**1,128**	*12*	644	*125*	346	**471**
1994	*175*	*(3%)*	893	(52%)	**1,068**	*4*	683	*170*	426	**596**
1995	*186*	*(2%)*	791	(34%)	**977**	*5*	677	*182*	520	**702**
1996	*222*	*(3%)*	717	(24%)	**939**	*3*	477	*216*	548	**764**
1997	*227*	*(5%)*	534	(17%)	**761**	*6*	221	*216*	442	**658**
1998	*220*	*(2%)*	412	(20%)	**632**	*3*	154	*215*	331	**546**
1999	*288*	*(2%)*	374	(19%)	**662**	*4*	140	*283*	303	**586**
2000	*356*	*(1%)*	452	(17%)	**808**	*27*	160	*351*	376	**727**
2001	*322*	*(1%)*	414	(11%)	**736**	*18*	147	*320*	367	**687**
2002	*320*	*(1%)*	436	(7%)	**756**	*9*	124	*317*	405	**722**
2003[5]	*335*	*(0%)*	424	(4%)	**759**	*10*	142	*334*	405	**739**
2004YTD[5]	35	*(0%)*	54	(4%)	**89**	0	4	35	52	**87**
TOTAL	*3,693*	*(4%)*	11,017	(54%)	**14,710**	*134*	5,943	*3,559*	5,074	**8,633**

1 Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.

2 Case fatality rate is the proportion of HIV or AIDS patients diagnosed during interval who are known to have died at some time since diagnosis.

3 Year of diagnosis reflects the time at which HIV infection or AIDS was diagnosed by a health care provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

4 Includes deaths among HIV or AIDS patients diagnosed during that interval or any preceding interval.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is re-

IDRH Assessment Unit, P.O. Box 47838, Olympia, WA 98504-7838; (360) 236-3455.

TABLE 2. WASHINGTON STATE HIV[1] AND AIDS CASES, GENDER BY AGE AT DIAGNOSIS, AS OF 3/31/2004

	HIV[1]						AIDS					
	Male		*Female*		*Total*		Male		Female		Total	
	No.	*(%)*	*No.*	*(%)*	*No.*	*(%)*	No.	(%)	No.	(%)	No.	No.
Under 13	*17*	*(0%)*	*20*	*(1%)*	*37*	*(1%)*	15	(0%)	17	(0%)	32	(0%)
13-19	*58*	*(2%)*	*38*	*(1%)*	*96*	*(3%)*	30	(0%)	11	(0%)	41	(0%)
20-29	*1,035*	*(28%)*	*201*	*(5%)*	*1,236*	*(33%)*	1,641	(15%)	222	(2%)	1,863	(17%)
30-39	*1,328*	*(36%)*	*168*	*(5%)*	*1,496*	*(41%)*	4,735	(43%)	377	(3%)	5,112	(46%)
40-49	*569*	*(15%)*	*87*	*(2%)*	*656*	*(18%)*	2,651	(24%)	206	(2%)	2,857	(26%)
50-59	*129*	*(3%)*	*20*	*(1%)*	*149*	*(4%)*	767	(7%)	78	(1%)	845	(8%)
60+	*18*	*(0%)*	*5*	*(0%)*	*23*	*(1%)*	237	(2%)	30	(0%)	267	(2%)
TOTAL	*3,154*	*(85%)*	*539*	*(15%)*	*3,693*	*(100%)*	10,076	(91%)	941	(9%)	11,017	(100%)

TABLE 3. WASHINGTON STATE HIV[1] CASES, RACE/ETHNICITY[10] AND EXPOSURE CATEGORY, AS OF 3/31/2004

	Adult/Adolescent				Pediatric		Total	
	Male	(%)	Female	(%)	No.	(%)	No.	(%)
Race/Ethnicity[10]								
White, not Hispanic	2426	(77%)	270	(52%)	13	(35%)	2709	(73%)
Black, not Hispanic	344	(11%)	158	(30%)	14	(38%)	516	(14%)
Hispanic (All Races)	229	(7%)	45	(9%)	6	(16%)	280	(8%)
Asian/Pacific Islander	3	(0%)	4	(1%)	0	(0%)	7	(0%)
Asian	67	(2%)	9	(2%)	4	(11%)	80	(2%)
Hawaiian/Pacific Islander	5	(0%)	1	(0%)	0	(0%)	6	(0%)
Native American/Alaskan	35	(1%)	25	(5%)	0	(0%)	60	(2%)
Multi-race	6	(0%)	1	(0%)	0	(0%)	7	(0%)
Unknown	22	(1%)	6	(1%)	0	(0%)	28	(1%)
Total	3137	(100%)	519	(100%)	37	(100%)	3693	(100%)
Exposure Category								
Male/male sex (MSM)	2306	(74%)	N/A	( )	0	(0%)	2306	(62%)
Injecting Drug Use (IDU)	230	(7%)	136	(26%)	0	(0%)	366	(10%)
MSM and IDU	312	(10%)	N/A	( )	0	(0%)	312	(8%)
Transfusion/Transplant	6	(0%)	8	(2%)	0	(0%)	14	(0%)
Hemophilia	12	(0%)	1	(0%)	1	(3%)	14	(0%)
Heterosexual Contact[6]	105	(3%)	262	(50%)	0	(0%)	367	(10%)
Mother at Risk for HIV	0	(0%)	0	(0%)	34	(92%)	34	(1%)
No Identified Risk[7]/Other	166	(5%)	112	(22%)	2	(5%)	280	(8%)
Total	3137	(100%)	519	(100%)	37	(100%)	3693	(100%)

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.
6. Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.
7. No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.
10. Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

TABLE 4. WASHINGTON STATE AIDS CASES, RACE/ETHNICITY[10] AND EXPOSURE CATEGORY, AS OF 3/31/2004

	Adult/Adolescent				Pediatric		Total	
	Male	(%)	Female	(%)	No.	(%)	No.	(%)
Race/Ethnicity[10]								
White, not Hispanic	8044	(80%)	528	(57%)	15	(47%)	8587	(78%)
Black, not Hispanic	948	(9%)	237	(26%)	10	(31%)	1195	(11%)
Hispanic (All Races)	717	(7%)	79	(9%)	4	(13%)	800	(7%)
Asian/Pacific Islander	34	(0%)	12	(1%)	1	(3%)	47	(0%)
Asian	107	(1%)	15	(2%)	0	(0%)	122	(1%)
Hawaiian/Pacific Islander	20	(0%)	5	(1%)	0	(0%)	25	(0%)
Native American/Alaskan	159	(2%)	42	(5%)	1	(3%)	202	(2%)
Multi-race	21	(0%)	3	(0%)	1	(3%)	25	(0%)
Unknown	11	(0%)	3	(0%)	0	(0%)	14	(0%)
Total	10061	(100%)	924	(100%)	32	(100%)	11017	(100%)
Exposure Category								
Male/male sex (MSM)	7376	(73%)	N/A	( )	0	(0%)	7376	(67%)
Injecting Drug Use (IDU)	732	(7%)	279	(30%)	0	(0%)	1011	(9%)
MSM and IDU	1094	(11%)	N/A	( )	0	(0%)	1094	(10%)
Transfusion/Transplant	73	(1%)	49	(5%)	0	(0%)	122	(1%)
Hemophilia	82	(1%)	4	(0%)	4	(13%)	90	(1%)
Heterosexual Contact[6]	261	(3%)	459	(50%)	0	(0%)	720	(7%)
Mother at Risk for HIV	0	(0%)	0	(0%)	28	(88%)	28	(0%)
No Identified Risk[7]/Other	443	(4%)	133	(14%)	0	(0%)	576	(5%)
Total	10061	(100%)	924	(100%)	32	(100%)	11017	(100%)

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.
6. Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.
7. No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.
10. Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

TABLE 5. WA STATE HIV[1] AND AIDS CASES DIAGNOSED, KNOWN DEATHS, AND CASES PRESUMED LIVING, BY COUNTY OF RESIDENCE[8] AT DIAGNOSIS, AS OF 3/31/2004

	CASES DIAGNOSED					DEATHS				PRESUMED LIVING				
	HIV[1]		AIDS		HIV/AIDS	*HIV[1]*		AIDS		*HIV[1]*		AIDS		HIV/AIDS
	No.	*(%)*	No.	(%)	TOTAL	*No.*	*(%)*	No.	(%)	*No.*	*(%)*	No.	(%)	TOTAL
REGION 1	*155*	*(4.2%)*	612	(5.6%)	**767**	*9*	*(6.7%)*	321	(5.4%)	*146*	*(4.1%)*	291	(5.7%)	**437**
ADAMS CO.	*1*	*(0.0%)*	5	(0.0%)	**6**	*0*	*(0.0%)*	1	(0.0%)	*1*	*(0.0%)*	4	(0.1%)	**5**
ASOTIN CO.	*3*	*(0.1%)*	14	(0.1%)	**17**	*1*	*(0.7%)*	6	(0.1%)	*2*	*(0.1%)*	8	(0.2%)	**10**
COLUMBIA CO.	*1*	*(0.0%)*	4	(0.0%)	**5**	*0*	*(0.0%)*	3	(0.1%)	*1*	*(0.0%)*	1	(0.0%)	**2**
FERRY CO.	*0*	*(0.0%)*	7	(0.1%)	**7**	*0*	*(0.0%)*	6	(0.1%)	*0*	*(0.0%)*	1	(0.0%)	**1**
GARFIELD CO.	*0*	*(0.0%)*	0	(0.0%)	**0**	*0*	*(0.0%)*	0	(0.0%)	*0*	*(0.0%)*	0	(0.0%)	**0**
LINCOLN CO.	*0*	*(0.0%)*	4	(0.0%)	**4**	*0*	*(0.0%)*	2	(0.0%)	*0*	*(0.0%)*	2	(0.0%)	**2**
OKANOGAN CO.	*7*	*(0.2%)*	23	(0.2%)	**30**	*0*	*(0.0%)*	8	(0.1%)	*7*	*(0.2%)*	15	(0.3%)	**22**
PEND OREILLE CO.	*1*	*(0.0%)*	8	(0.1%)	**9**	*0*	*(0.0%)*	5	(0.1%)	*1*	*(0.0%)*	3	(0.1%)	**4**
SPOKANE CO.	*130*	*(3.5%)*	456	(4.1%)	**586**	*7*	*(5.2%)*	248	(4.2%)	*123*	*(3.5%)*	208	(4.1%)	**331**
STEVENS CO.	*4*	*(0.1%)*	23	(0.2%)	**27**	*0*	*(0.0%)*	8	(0.1%)	*4*	*(0.1%)*	15	(0.3%)	**19**
WALLA WALLA CO.	*6*	*(0.2%)*	58	(0.5%)	**64**	*1*	*(0.7%)*	30	(0.5%)	*5*	*(0.1%)*	28	(0.6%)	**33**
WHITMAN CO.	*2*	*(0.1%)*	10	(0.1%)	**12**	*0*	*(0.0%)*	4	(0.1%)	*2*	*(0.1%)*	6	(0.1%)	**8**
REGION 2	*122*	*(3.3%)*	362	(3.3%)	**484**	*6*	*(4.5%)*	182	(3.1%)	*116*	*(3.3%)*	180	(3.5%)	**296**
BENTON CO.	*21*	*(0.6%)*	78	(0.7%)	**99**	*1*	*(0.7%)*	34	(0.6%)	*20*	*(0.6%)*	44	(0.9%)	**64**
CHELAN CO.	*12*	*(0.3%)*	34	(0.3%)	**46**	*0*	*(0.0%)*	21	(0.4%)	*12*	*(0.3%)*	13	(0.3%)	**25**
DOUGLAS CO.	*2*	*(0.1%)*	2	(0.0%)	**4**	*0*	*(0.0%)*	2	(0.0%)	*2*	*(0.1%)*	0	(0.0%)	**2**
FRANKLIN CO.	*19*	*(0.5%)*	39	(0.4%)	**58**	*1*	*(0.7%)*	12	(0.2%)	*18*	*(0.5%)*	27	(0.5%)	**45**
GRANT CO.	*8*	*(0.2%)*	29	(0.3%)	**37**	*1*	*(0.7%)*	21	(0.4%)	*7*	*(0.2%)*	8	(0.2%)	**15**
KITTITAS CO.	*3*	*(0.1%)*	15	(0.1%)	**18**	*0*	*(0.0%)*	9	(0.2%)	*3*	*(0.1%)*	6	(0.1%)	**9**
KLICKITAT CO.	*5*	*(0.1%)*	11	(0.1%)	**16**	*0*	*(0.0%)*	8	(0.1%)	*5*	*(0.1%)*	3	(0.1%)	**8**
YAKIMA CO.	*52*	*(1.4%)*	154	(1.4%)	**206**	*3*	*(2.2%)*	75	(1.3%)	*49*	*(1.4%)*	79	(1.6%)	**128**
REGION3	*285*	*(7.7%)*	864	(7.8%)	**1,149**	*13*	*(9.7%)*	444	(7.5%)	*272*	*(7.6%)*	420	(8.3%)	**692**
ISLAND CO.	*16*	*(0.4%)*	59	(0.5%)	**75**	*1*	*(0.7%)*	35	(0.6%)	*15*	*(0.4%)*	24	(0.5%)	**39**
SAN JUAN CO.	*6*	*(0.2%)*	18	(0.2%)	**24**	*0*	*(0.0%)*	10	(0.2%)	*6*	*(0.2%)*	8	(0.2%)	**14**
SKAGIT CO.	*22*	*(0.6%)*	52	(0.5%)	**74**	*2*	*(1.5%)*	27	(0.5%)	*20*	*(0.6%)*	25	(0.5%)	**45**
SNOHOMISH CO.	*202*	*(5.5%)*	583	(5.3%)	**785**	*8*	*(6.0%)*	295	(5.0%)	*194*	*(5.5%)*	288	(5.7%)	**482**
WHATCOM CO.	*39*	*(1.1%)*	152	(1.4%)	**191**	*2*	*(1.5%)*	77	(1.3%)	*37*	*(1.0%)*	75	(1.5%)	**112**
REGION 5	*412*	*(11.2%)*	1,172	(10.6%)	**1,584**	*24*	*(17.9%)*	631	(10.6%)	*388*	*(10.9%)*	541	(10.7%)	**929**
KITSAP CO.	*67*	*(1.8%)*	196	(1.8%)	**263**	*1*	*(0.7%)*	106	(1.8%)	*66*	*(1.9%)*	90	(1.8%)	**156**
PIERCE CO.	*345*	*(9.3%)*	976	(8.9%)	**1,321**	*23*	*(17.2%)*	525	(8.8%)	*322*	*(9.0%)*	451	(8.9%)	**773**
REGION 6	*281*	*(7.6%)*	923	(8.4%)	**1,204**	*12*	*(9.0%)*	454	(7.6%)	*269*	*(7.6%)*	469	(9.2%)	**738**
CLALLAM CO.	*16*	*(0.4%)*	51	(0.5%)	**67**	*2*	*(1.5%)*	28	(0.5%)	*14*	*(0.4%)*	23	(0.5%)	**37**
CLARK CO.	*125*	*(3.4%)*	406	(3.7%)	**531**	*2*	*(1.5%)*	197	(3.3%)	*123*	*(3.5%)*	209	(4.1%)	**332**
COWLITZ CO.	*29*	*(0.8%)*	90	(0.8%)	**119**	*1*	*(0.7%)*	50	(0.8%)	*28*	*(0.8%)*	40	(0.8%)	**68**
GRAYS HARBOR CO.	*11*	*(0.3%)*	48	(0.4%)	**59**	*1*	*(0.7%)*	29	(0.5%)	*10*	*(0.3%)*	19	(0.4%)	**29**
JEFFERSON CO.	*7*	*(0.2%)*	24	(0.2%)	**31**	*3*	*(2.2%)*	14	(0.2%)	*4*	*(0.1%)*	10	(0.2%)	**14**
LEWIS CO.	*9*	*(0.2%)*	40	(0.4%)	**49**	*1*	*(0.7%)*	26	(0.4%)	*8*	*(0.2%)*	14	(0.3%)	**22**
MASON CO.	*19*	*(0.5%)*	72	(0.7%)	**91**	*0*	*(0.0%)*	20	(0.3%)	*19*	*(0.5%)*	52	(1.0%)	**71**
PACIFIC CO.	*7*	*(0.2%)*	17	(0.2%)	**24**	*0*	*(0.0%)*	11	(0.2%)	*7*	*(0.2%)*	6	(0.1%)	**13**
SKAMANIA CO.	*0*	*(0.0%)*	7	(0.1%)	**7**	*0*	*(0.0%)*	5	(0.1%)	*0*	*(0.0%)*	2	(0.0%)	**2**
THURSTON CO.	*57*	*(1.5%)*	166	(1.5%)	**223**	*2*	*(1.5%)*	74	(1.2%)	*55*	*(1.5%)*	92	(1.8%)	**147**
WAHKIAKUM CO.	*1*	*(0.0%)*	2	(0.0%)	**3**	*0*	*(0.0%)*	0	(0.0%)	*1*	*(0.0%)*	2	(0.0%)	**3**
SUBTOTAL	*1,255*	*(34.0%)*	3,933	(35.7%)	**5,188**	*64*	*(47.8%)*	2,032	(34.2%)	*1,191*	*(33.5%)*	1,901	(37.5%)	**3,092**
REGION 4 (KING CO.)	*2,438*	*(66.0%)*	7,084	(64.3%)	**9,522**	*70*	*(52.2%)*	3,911	(65.8%)	*2,368*	*(66.5%)*	3,173	(62.5%)	**5,541**
STATE TOTAL	*3,693*	*(100%)*	11,017	(100%)	**14,710**	*134*	*(100%)*	5,943	(100%)	*3,559*	*(100%)*	5,074	(100%)	**8,633**

1. Includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. Does not include those who have only been tested anonymously for HIV.
8. County of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing..

TABLE 6. WASHINGTON STATE HIV[1] CASES, YEAR OF DIAGNOSIS[3] BY GENDER, RACE/ETHNICITY,[10] EXPOSURE CATEGORY, AND AIDSNET REGION OF RESIDENCE[9] AT DIAGNOSIS, AS OF 3/31/2004

	1982-1989		1990-1997		1998-Current[5]		Cumulative		1999		2000		2001		2002[5]		2003[5]	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Gender																		
Male	401	(92%)	1161	(84%)	1592	(85%)	3154	(85%)	290	(81%)	279	(87%)	274	(86%)	285	(85%)	29	(83%)
Female	35	(8%)	220	(16%)	284	(15%)	539	(15%)	66	(19%)	43	(13%)	46	(14%)	50	(15%)	6	(17%)
Total	436	(100%)	1381	(100%)	1876	(100%)	3693	(100%)	356	(100%)	322	(100%)	320	(100%)	335	(100%)	35	(100%)
Race/Ethnicity[10]																		
White, not Hispanic	372	(85%)	1071	(78%)	1266	(67%)	2709	(73%)	230	(65%)	217	(67%)	206	(64%)	219	(65%)	24	(69%)
Black, not Hispanic	41	(9%)	167	(12%)	308	(16%)	516	(14%)	67	(19%)	52	(16%)	67	(21%)	56	(17%)	2	(6%)
Hispanic (All Races)	11	(3%)	88	(6%)	181	(10%)	280	(8%)	37	(10%)	33	(10%)	28	(9%)	36	(11%)	3	(9%)
Asian/Pacific Islander	0	(0%)	1	(0%)	6	(0%)	7	(0%)	2	(1%)	2	(1%)	0	(0%)	0	(0%)	0	(0%)
Asian	3	(1%)	25	(2%)	52	(3%)	80	(2%)	10	(3%)	10	(3%)	7	(2%)	9	(3%)	2	(6%)
Hawaiian/Pacific Islander	1	(0%)	0	(0%)	5	(0%)	6	(0%)	1	(0%)	0	(0%)	0	(0%)	3	(1%)	0	(0%)
Native American/Alaskan	6	(1%)	20	(1%)	34	(2%)	60	(2%)	5	(1%)	5	(2%)	5	(2%)	10	(3%)	3	(9%)
Multi-race	0	(0%)	1	(0%)	6	(0%)	7	(0%)	0	(0%)	0	(0%)	4	(1%)	1	(0%)	1	(3%)
Unknown	2	(0%)	8	(1%)	18	(1%)	28	(1%)	4	(1%)	3	(1%)	3	(1%)	1	(0%)	0	(0%)
Total	436	(100%)	1381	(100%)	1876	(100%)	3693	(100%)	356	(100%)	322	(100%)	320	(100%)	335	(100%)	35	(100%)
Exposure Category																		
Male/male sex (MSM)	297	(68%)	846	(61%)	1163	(62%)	2306	(62%)	199	(56%)	189	(59%)	201	(63%)	210	(63%)	24	(69%)
Injecting Drug Use (IDU)	47	(11%)	142	(10%)	177	(9%)	366	(10%)	48	(13%)	28	(9%)	28	(9%)	26	(8%)	2	(6%)
MSM and IDU	51	(12%)	120	(9%)	141	(8%)	312	(8%)	25	(7%)	26	(8%)	29	(9%)	25	(7%)	1	(3%)
Transfusion/Transplant	3	(1%)	7	(1%)	4	(0%)	14	(0%)	1	(0%)	2	(1%)	0	(0%)	0	(0%)	0	(0%)
Hemophilia	9	(2%)	4	(0%)	1	(0%)	14	(0%)	1	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)
Heterosexual Contact[6]	12	(3%)	139	(10%)	216	(12%)	367	(10%)	46	(13%)	39	(12%)	41	(13%)	40	(12%)	5	(14%)
Mother at Risk for HIV	3	(1%)	25	(2%)	6	(0%)	34	(1%)	2	(1%)	0	(0%)	0	(0%)	1	(0%)	0	(0%)
No Identified Risk[7]/Other	14	(3%)	98	(7%)	168	(9%)	280	(8%)	34	(10%)	38	(12%)	21	(7%)	33	(10%)	3	(9%)
Total	436	(100%)	1381	(100%)	1876	(100%)	3693	(100%)	356	(100%)	322	(100%)	320	(100%)	335	(100%)	35	(100%)
AIDSNET Region																		
Region 1	22	(5%)	55	(4%)	78	(4%)	155	(4%)	17	(5%)	15	(5%)	15	(5%)	12	(4%)	1	(3%)
Region 2	11	(3%)	39	(3%)	72	(4%)	122	(3%)	10	(3%)	10	(3%)	16	(5%)	13	(4%)	3	(9%)
Region 3	32	(7%)	127	(9%)	126	(7%)	285	(8%)	21	(6%)	23	(7%)	16	(5%)	24	(7%)	3	(9%)
Region 5	41	(9%)	169	(12%)	202	(11%)	412	(11%)	46	(13%)	27	(8%)	36	(11%)	41	(12%)	1	(3%)
Region 6	30	(7%)	114	(8%)	137	(7%)	281	(8%)	16	(4%)	30	(9%)	24	(8%)	28	(8%)	5	(14%)
Subtotal	136	(31%)	504	(36%)	615	(33%)	1255	(34%)	110	(31%)	105	(33%)	107	(33%)	118	(35%)	13	(37%)
Region 4 (King Co.)	300	(69%)	877	(64%)	1261	(67%)	2438	(66%)	246	(69%)	217	(67%)	213	(67%)	217	(65%)	22	(63%)
Total	436	(100%)	1381	(100%)	1876	(100%)	3693	(100%)	356	(100%)	322	(100%)	320	(100%)	335	(100%)	35	(100%)

1 This includes persons reported with HIV infection who are not known to have progressed to AIDS as of this report date. It does not include those who have only been tested anonymously for HIV.

3 Year of diagnosis reflects the time at which disease was diagnosed by a provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

6 Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection.

7 No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

9 AIDSNET Region of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

10 Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

TABLE 7. WASHINGTON STATE AIDS CASES, YEAR OF DIAGNOSIS[3] BY GENDER, RACE/ETHNICITY,[10] EXPOSURE CATEGORY, AND AIDSNET REGION OF RESIDENCE[9] AT DIAGNOSIS, AS OF 3/31/2004

	1982-1989		1990-1997		1998-Current[5]		Cumulative		2000		2001		2002		2003[5]		2004YTD[5]	
	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Gender																		
Male	1915	(97%)	5957	(92%)	2204	(86%)	10076	(91%)	387	(86%)	365	(88%)	364	(83%)	355	(84%)	41	(76%)
Female	64	(3%)	515	(8%)	362	(14%)	941	(9%)	65	(14%)	49	(12%)	72	(17%)	69	(16%)	13	(24%)
Total	1979	(100%)	6472	(100%)	2566	(100%)	11017	(100%)	452	(100%)	414	(100%)	436	(100%)	424	(100%)	54	(100%)
Race/Ethnicity[10]																		
White, not Hispanic	1733	(88%)	5140	(79%)	1714	(67%)	8587	(78%)	304	(67%)	273	(66%)	281	(64%)	275	(65%)	37	(69%)
Black, not Hispanic	132	(7%)	639	(10%)	424	(17%)	1195	(11%)	84	(19%)	75	(18%)	78	(18%)	66	(16%)	8	(15%)
Hispanic (All Races)	78	(4%)	437	(7%)	285	(11%)	800	(7%)	45	(10%)	45	(11%)	47	(11%)	56	(13%)	4	(7%)
Asian/Pacific Islander	3	(0%)	32	(0%)	12	(0%)	47	(0%)	0	(0%)	3	(1%)	4	(1%)	1	(0%)	0	(0%)
Asian	11	(1%)	70	(1%)	41	(2%)	122	(1%)	3	(1%)	5	(1%)	12	(3%)	9	(2%)	1	(2%)
Hawaiian/Pacific Islander	5	(0%)	10	(0%)	10	(0%)	25	(0%)	3	(1%)	0	(0%)	2	(0%)	5	(1%)	0	(0%)
Native American/Alaskan	16	(1%)	124	(2%)	62	(2%)	202	(2%)	8	(2%)	11	(3%)	11	(3%)	9	(2%)	2	(4%)
Multi-race	1	(0%)	16	(0%)	8	(0%)	25	(0%)	2	(0%)	0	(0%)	0	(0%)	3	(1%)	2	(4%)
Unknown	0	(0%)	4	(0%)	10	(0%)	14	(0%)	3	(1%)	2	(0%)	1	(0%)	0	(0%)	0	(0%)
Total	1979	(100%)	6472	(100%)	2566	(100%)	11017	(100%)	452	(100%)	414	(100%)	436	(100%)	424	(100%)	54	(100%)
Exposure Category																		
Male/male sex (MSM)	1521	(77%)	4410	(68%)	1445	(56%)	7376	(67%)	258	(57%)	239	(58%)	234	(54%)	241	(57%)	30	(56%)
Injecting Drug Use (IDU)	86	(4%)	612	(9%)	313	(12%)	1011	(9%)	57	(13%)	45	(11%)	50	(11%)	48	(11%)	6	(11%)
MSM and IDU	236	(12%)	643	(10%)	215	(8%)	1094	(10%)	35	(8%)	38	(9%)	39	(9%)	29	(7%)	1	(2%)
Transfusion/Transplant	47	(2%)	65	(1%)	10	(0%)	122	(1%)	3	(1%)	0	(0%)	1	(0%)	1	(0%)	0	(0%)
Hemophilia	30	(2%)	53	(1%)	7	(0%)	90	(1%)	3	(1%)	1	(0%)	0	(0%)	1	(0%)	0	(0%)
Heterosexual Contact[6]	29	(1%)	386	(6%)	305	(12%)	720	(7%)	51	(11%)	52	(13%)	69	(16%)	53	(13%)	10	(19%)
Mother at Risk for HIV	8	(0%)	18	(0%)	2	(0%)	28	(0%)	2	(0%)	0	(0%)	0	(0%)	0	(0%)	0	(0%)
No Identified Risk[7]/Other	22	(1%)	285	(4%)	269	(10%)	576	(5%)	43	(10%)	39	(9%)	43	(10%)	51	(12%)	7	(13%)
Total	1979	(100%)	6472	(100%)	2566	(100%)	11017	(100%)	452	(100%)	414	(100%)	436	(100%)	424	(100%)	54	(100%)
AIDSNET Region																		
Region 1	80	(4%)	367	(6%)	165	(6%)	612	(6%)	33	(7%)	21	(5%)	30	(7%)	27	(6%)	4	(7%)
Region 2	49	(2%)	203	(3%)	110	(4%)	362	(3%)	19	(4%)	18	(4%)	15	(3%)	22	(5%)	1	(2%)
Region 3	113	(6%)	534	(8%)	217	(8%)	864	(8%)	29	(6%)	31	(7%)	42	(10%)	39	(9%)	1	(2%)
Region 5	173	(9%)	679	(10%)	320	(12%)	1172	(11%)	72	(16%)	60	(14%)	40	(9%)	36	(8%)	7	(13%)
Region 6	111	(6%)	568	(9%)	244	(10%)	923	(8%)	34	(8%)	53	(13%)	50	(11%)	30	(7%)	8	(15%)
Subtotal	526	(27%)	2351	(36%)	1056	(41%)	3933	(36%)	187	(41%)	183	(44%)	177	(41%)	154	(36%)	21	(39%)
Region 4 (King Co.)	1453	(73%)	4121	(64%)	1510	(59%)	7084	(64%)	265	(59%)	231	(56%)	259	(59%)	270	(64%)	33	(61%)
Total	1979	(100%)	6472	(100%)	2566	(100%)	11017	(100%)	452	(100%)	414	(100%)	436	(100%)	424	(100%)	54	(100%)

3 Year of diagnosis reflects the time at which disease was diagnosed by a provider. Year of report (not shown above) reflects the time at which a case report was received by the Department of Health.

5 Reporting delay is the period between the date a reportable disease is diagnosed by a physician and the date that the diagnosis is reported to public health officials. Cases counts for more recent time periods are considered to be incomplete due to reporting delays.

6 Heterosexual Contact with a person who is known to be HIV infected or at increased risk for HIV infection

7 No Identified Risk includes patients for whom risk information is incomplete, cases still under investigation, and interviewed patients with no recognized HIV exposure category.

9 AIDSNET Region of residence at the time of testing positive for HIV (HIV cases) or at the time of AIDS diagnosis (AIDS cases). May not reflect where people are currently residing.

10 Collection and presentation of race/ethnicity data have been adjusted to be consistent with Census 2000 data collection and presentation methods. Consequently, data for Asian/Pacific Islanders are now collected and presented in two separate categories ("Asian" and "Hawaiian/Pacific Islander"), while historical data are presented in the "Asian/Pacific Islander" category. Those who report more than one race are presented in the "Multi-race" category.

WASHINGTON STATE REPORTED CASES OF CHLAMYDIA, GONORRHEA, EARLY SYPHILIS, JANUARY - MARCH 2004

	Chlamydia		Gonorrhea		Early Syphilis	
Sex	**No.**	**(%)**	**No.**	**(%)**	**No.**	**(%)**
Male	1,151	(27.3)	372	(53.8)	29	(100)
Female	3,067	(72.7)	319	(46.2)	0	(0)
TOTAL	**4,218**	**(100)**	**691**	**(100)**	**29**	**(100)**
Age						
0-14	63	(1.5)	8	(1.2)	0	(0.0)
15-19	1,360	(32.2)	143	(20.7)	0	(0.0)
20-24	1,622	(38.5)	169	(24.5)	1	(3.4)
25-29	629	(14.9)	112	(16.2)	7	(24.1)
30-34	237	(5.6)	84	(12.2)	10	(34.5)
35-39	127	(3.0)	83	(12.0)	5	(17.2)
40+	122	(2.9)	89	(12.9)	6	(20.7)
Unknown	58	(1.4)	3	(0.4)	0	(0.0)
TOTAL	**4,218**	**(100)**	**691**	**(100)**	**29**	**(100)**
Ethnic/Race						
White	1,944	(46.1)	308	(44.6)	17	(58.6)
Black	525	(12.4)	140	(20.3)	5	(17.2)
Hispanic	635	(15.1)	75	(10.9)	2	(6.9)
Native Hawaiian/Other Pacific	42	(1.0)	4	(0.6)	0	(0.0)
Asian	281	(6.7)	32	(4.6)	0	(0.0)
Native American	122	(2.9)	9	(1.3)	2	(6.9)
Multi	0	(0.0)	0	(0.0)	0	(0.0)
Other	23	(0.5)	4	(0.6)	0	(0.0)
Unknown	646	(15.3)	119	(17.2)	3	(10.3)
TOTAL	**4,218**	**(100)**	**691**	**(100)**	**29**	**(100)**

Provider Type	**Cases**	**# Prov**	**Cases**	**# Prov**	**Cases**	**# Prov**
Community Health Ctr.	135	27	35	14	2	1
Emergency Care (Not Hosp.)	70	28	19	11	1	1
Family Planning	939	46	62	23	0	0
Health Plan/HMO's	138	33	23	13	1	1
Hospitals	364	66	92	33	2	2
Indian Health	49	14	2	2	1	1
Jail/Correction/Detention	148	22	29	11	0	0
Migrant Health	136	19	15	9	0	0
Military	157	8	19	5	2	2
Neighborhood Health	27	8	8	5	0	0
OB/GYN	281	74	25	18	0	0
Other	831	313	152	100	7	7
Private Physician	107	71	20	18	6	4
Reproductive Health	327	18	30	13	0	0
STD	356	19	145	10	7	3
Student Health	153	18	15	7	0	0
TOTAL	**4,218**	**784**	**691**	**292**	**29**	**22**

WASHINGTON STATE REPORTED STDS BY COUNTY JANUARY - MARCH 2004
SEXUALLY TRANSMITTED DISEASE SERVICES (360) 236-3460

	CT	GC	HERPES	P & S	EL	L/LL	CONG	TOTAL
Adams	5	0	0	-	-	-	-	0
Asotin	9	0	3	-	-	-	-	0
Benton	101	5	10	-	-	1	-	1
Chelan	26	0	5	-	-	-	-	0
Clallam	35	2	14	-	-	-	-	0
Clark	221	52	11	-	1	-	-	1
Columbia	2	0	0	-	-	-	-	0
Cowlitz	46	5	5	-	-	-	-	0
Douglas	22	2	3	-	-	-	-	0
Ferry	2	0	0	-	-	-	-	0
Franklin	61	2	1	-	-	-	-	0
Garfield	0	0	0	-	-	-	-	0
Grant	52	1	8	-	-	-	-	0
Grays Harbor	44	2	2	-	-	-	-	0
Island	46	3	8	1	-	-	-	1
Jefferson	5	2	3	-	-	-	-	0
King	1,310	314	177	12	7	22	-	41
Kitsap	148	15	13	-	-	-	-	0
Kittitas	33	0	4	-	-	-	-	0
Klickitat	22	3	0	-	-	-	-	0
Lewis	20	1	0	-	-	-	-	0
Lincoln	2	0	0	-	-	-	-	0
Mason	26	2	7	-	-	2	-	2
Okanogan	26	1	5	-	-	1	-	1
Pacific	11	0	0	-	-	-	-	0
Pend Oreille	1	0	0	-	-	-	-	0
Pierce	681	122	63	2	-	4	-	6
San Juan	6	0	0	-	-	-	-	0
Skagit	72	6	21	-	-	-	-	0
Skamania	2	0	0	-	-	-	-	0
Snohomish	361	45	65	4	1	3	-	8
Spokane	263	30	48	-	-	1	-	1
Stevens	11	0	1	-	-	-	-	0
Thurston	100	11	15	1	-	1	-	2
Wahkiakum	1	0	0	-	-	-	-	0
Walla Walla	44	2	7	-	-	-	-	0
Whatcom	115	31	35	-	-	-	-	0
Whitman	35	1	3	-	-	-	-	0
Yakima	251	31	37	-	-	1	-	1
YEAR TO DATE	4,218	691	574	20	9	36	0	65
PRV YR TO DATE	3,860	716	458	16	7	31	0	54
% CHANGE	+9.3%	-3.5%	+25.3%	+25.0%	+28.6%	+16.1%	NC	+20.4%

CT = Chlamydia Trachomatis
GC = Gonorrhea
HERPES = Initial Genital Herpes
P/S = Primary & Secondary Syphilis
EL = Early Latent Syphilis
L/LL = Late/Late Latent Syphilis
CONG = Congenital Syphilis

Monthly Tuberculosis Case Totals by County
2003-2004

	JAN		FEB		MARCH		APRIL		MAY		JUNE		JULY		AUGUST		SEPT		OCT		NOV		DEC		TOTAL	
COUNTY	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**	**2003**	**2004**
Adams					1																				**1**	**0**
Asotin																									**0**	**0**
Benton				1									1										1		**2**	**1**
Chelan					1								3												**4**	**0**
Clallam	1																								**1**	**0**
Clark							1								4				1		3		1		**10**	**0**
Columbia																									**0**	**0**
Cowlitz													1												**1**	**0**
Douglas					1		1																		**2**	**0**
Ferry																									**0**	**0**
Franklin				1	1		1				1		2												**5**	**1**
Garfield																									**0**	**0**
Grant							2												1						**3**	**0**
Grays Harbor	1																								**1**	**0**
Island	1																								**1**	**0**
Jefferson																									**0**	**0**
King	10	8	14	12	12	7	17	4	14		3		20		18		13		10		9		15		**155**	**31**
Kitsap									1														1		**2**	**0**
Kittitas																									**0**	**0**
Klickitat																									**0**	**0**
Lewis				1															1				1		**2**	**1**
Lincoln																									**0**	**0**
Mason			1		1																		1		**3**	**0**
Okanogan									1				1												**2**	**0**
Pacific																									**0**	**0**
Pend-Oreille																									**0**	**0**
Pierce	1	1	1	2		1	2	1	1				2		2		1		4		2		2		**18**	**5**
San Juan																									**0**	**0**
Skagit																	1		1						**2**	**0**
Skamania																									**0**	**0**
Snohomish	3				2		1						1		1		2						2		**12**	**0**
Spokane		3		1	1	1							3												**4**	**5**
Stevens																									**0**	**0**
Thurston				1			1						1										3		**5**	**1**
Wahkiakum																									**0**	**0**
Walla Walla							1																		**1**	**0**
Whatcom		1				1	1	1	1				1								1		1		**5**	**3**
Whitman																									**0**	**0**
Yakima	1	2		3		1					2		2						1		1		1		**8**	**6**
State Total	**18**	**15**	**16**	**22**	**20**	**11**	**28**	**6**	**18**	**0**	**6**	**0**	**38**	**0**	**25**	**0**	**17**	**0**	**19**	**0**	**16**	**0**	**29**	**0**	**250**	**54**
YTD State Total	**18**	**15**	**34**	**37**	**54**	**48**	**82**	**54**	**100**	**54**	**106**	**54**	**144**	**54**	**169**	**54**	**186**	**54**	**205**	**54**	**221**	**54**	**250**	**54**	**250**	**54**

Note: Detailed analysis of tuberculosis morbidity is contained in "Washington State Tuberculosis Epidemiological Profile - 1998" and is available to order from the State TB Program by calling (360) 236-3443.

Deadline Details For *Washington State Responds* Quarterly Newsletter

The deadline for the next issue of ***Washington State Responds*** is **June 20, 2004**. The calendar start date for the issue is **August 5, 2004**. To submit information, corrections, or to be added or dropped from the mailing list, contact Barbara Schuler, Washington State Department of Health, HIV Prevention and Education Services, P.O. Box 47840, Olympia, WA 98504-7840. You may also telephone her at: (360) 236-3487 or call the Washington State Hotline at **1-800-272-2437, ext. 0** to leave a message**.** You may fax your information to (360) 236-3400, or preferably send via e-mail to: **barbara.schuler@doh.wa.gov**

We greatly appreciate news of your work or your organization!

Thank you for taking the time and effort to write, call, fax or e-mail!

DOH, HIV/AIDS PREVENTION AND EDUCATION SERVICES

Disclaimers and Notice of HIV/AIDS Content

Washington State Department of Health, HIV/AIDS Prevention and Education Services publishes information in this quarterly newsletter, ***Washington State Responds,*** as a courtesy to our readers, however, inclusion of information coming from outside of the Washington State Department of Health does not necessarily imply endorsement by the Washington State Department of Health.

The content of this newsletter is for informational purposes only and is not intended to be a substitute for professional medical advice, diagnosis or treatment.

This newsletter may contain HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing syringe needles, prevention messages and programs may address these topics. If you are not seeking such information or are offended by such materials, do not visit this site.